

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

Section

- 317.01: General Provisions
- 317.02: General Definitions
- 317.03: General Rate Provisions
- 317.04: Maximum Allowable Fees - Medical Services
- 317.05: Severability

317.01: General Provisions

- (1) Scope, Purpose, and Effective Date. 101 CMR 317.00 governs the payment rates used by all governmental units for medical services provided to publicly ~~-~~aided patients. ~~-Rates under~~ 101 CMR 317.00 ~~is are~~ effective on and after ~~January 1, 2013~~ August 1, 2017, unless otherwise indicated. ~~-Rates for services provided to individuals covered by the Workers' Compensation Act, M.G.L. c. 152, are not set forth in 101 CMR 317.00, but are~~ at 114.3 CMR 40.00: Rates For Services Under M.G.L. c. 152, Worker's Compensation Act.
- (2) Coverage.
 - (a) Payment rates in 101 CMR 317.00 are used to pay for ~~:(a) -M~~ medical services rendered to patients in a private medical office, licensed clinic, ~~facility,~~ hospital or other inpatient or outpatient facility or department, independent diagnostic testing facility, patient's residence, or other appropriate setting by an individual eligible provider, when an eligible provider who bills for the medical services rendered and receives no other compensation for medical services rendered no other payment method applies.
 - ~~(b) Medical services rendered to registered bed patients in a licensed health care facility by an eligible provider who is not under contractual arrangement with such facility to provide medical services, and who bills separately and apart from such facility for medical services rendered.~~
 - (b) The rates of payment under 101 CMR 317.00 are full compensation for patient care rendered to publicly aided patients as well as for any related administrative or supervisory duties in connection with patient care. ~~-The rates of payment also reimburse all overhead expenses associated with the service provided,~~ without regard to where the care is rendered.
- (3) Disclaimer of Authorization of Services. 101 CMR 317.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 101 CMR 317.00. ~~-Governmental units that purchase care are responsible for the definition, authorization, coverage policies, and approval of care and services extended provided to publicly aided clients~~ patients.
- (4) Coding Updates and Corrections. EOHHS may publish procedure code updates and corrections in the form of an Administrative Bulletin. ~~-Updates may reference coding systems including but not limited to the American Medical Association's Current Procedural Terminology (CPT).~~
 - (a) The publication of such updates and corrections will list:
 - ~~(a1.)~~ codes for which only the code numbers change, with the corresponding cross references between the existing and new codes and the codes being replaced. Rates for such updated codes are set at the rate of the code that is being replaced;
 - ~~(b2.)~~ deleted codes for which there are no corresponding new codes; and

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

~~(e3.)~~ codes for entirely new services that require pricing. EOHHS will list these codes and apply individual consideration (I.C.) reimbursement for these codes until appropriate rates can be developed.

~~(eb)~~ ~~for~~ For entirely new codes that require new pricing and have Medicare assigned relative value units (RVUs), EOHHS may list these codes and price them according to the rate methodology used in setting physician rates. When ~~RVUS~~ RVUs are not available, ~~the~~ EOHHS may apply Individual Consideration in reimbursing for these new codes until appropriate rates can be developed.

(5) Administrative Bulletins. EOHHS may issue administrative bulletins to add, delete, or otherwise update codes or modifiers, and to clarify its policy on and understanding of substantive provisions of 101 CMR 317.00. EOHHS may also issue administrative bulletins to add codes and/or clarify to which duly licensed or certified health care professionals or students the rate methods in ~~may receive payment for services under~~ this regulation apply, including in the event that the Department of Public Health issues an Order pursuant to M.G.L. c. 94C and 105 CMR 700.003(H).

317.02: General Definitions

Meaning of Terms. The descriptions, ~~and~~ five-digit procedure codes, and two-digit modifier codes included in 101 CMR 317.00 utilize the Healthcare Common Procedure Code System (HCPCS) for Level I and Level II coding. ~~Level I~~ CPT-4 codes are obtained from the Physicians' 2016 Current Procedural Terminology (CPT), copyright 2013-2015 by the American Medical Association unless otherwise specified. ~~Level II~~ codes are obtained from 2013-2016 HCPCS maintained jointly by the Centers for Medicare and Medicaid Services (CMS), the Blue Cross and Blue Shield Association, and the Health Insurance Association of America. ~~HCPCS~~ is a listing of descriptive terms and identifying codes and modifiers for reporting medical services and procedures performed by physicians and other health care professionals, as well as associated non-physician services. ~~No fee schedules, basic unit value, relative value guides, conversion factors, or scales are included in any part of the Physicians' Current Procedure Terminology.~~

~~101 CMR 317.00 includes only HCPCS numeric and alpha numeric identifying codes and modifiers for reporting medical services and procedures that were selected by EOHHS. Any use of CPT outside the fee schedule should refer to the Physicians' Current Procedural Terminology. All rights reserved.~~ In addition, terms used in 101 CMR 317.00 ~~shall~~ have the meanings set forth in 101 CMR 317.02.

Child and Adolescent Needs and Strengths (CANS). A tool that provides a standardized way to organize information gathered during a psychiatric diagnostic assessment and is a treatment and service decision support tool for children and adolescents ~~under the age of~~ younger than 21 years.

CMS. Centers for Medicare and Medicaid Services.

~~Confirmatory (Additional Opinion) Consultation. When the consulting physician is aware of the confirmatory nature of the opinion that is sought (e.g., when a patient requests a second/third opinion on the necessity or appropriateness of a recommended medical treatment or surgical procedure).~~

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

~~Consultation. A type of service provided by a physician whose opinion or advice regarding evaluation and/or management (E/M) of a specific problem is requested by another physician or other appropriate source.~~

~~A physician consultant may initiate diagnostic and/or therapeutic services. The request for a consultation from the attending physician or other appropriate source and the need for consultation must be documented in the patient's medical record. The consultant's opinion and any services that were ordered or performed must also be documented in the patient's medical record and communicated to the requesting physician or other appropriate source.~~

~~Any specifically identifiable procedure (i.e., identified with a specific CPT code) performed on or subsequent to the date of the initial consultation should be reported separately.~~

Early and Periodic Screening, Diagnosis and Treatment (EPSDT). A program of health screening and other medical services for publicly-assisted individuals ~~under the age of~~ younger than 21 years as required by federal law. ~~Refer to 101 CMR 317.04(4) for reimbursement guidelines.~~

Eligible Provider. ~~The rates established in these regulations apply in accordance with 101 CMR 317.01 to the following types of providers who meet conditions of participation of the governmental unit purchasing such services, and to the extent specified by such governmental unit. Eligible providers must provide such services in accordance with generally accepted professional standards and in accordance with state licensing requirements and certification by national credentialing bodies as required by law.~~

~~A licensed physician or licensed osteopath (other than an intern, resident, fellow, or house officer), a licensed podiatrist, licensed dentist, licensed chiropractor, and licensed optometrist other than an intern, resident, fellow or house officer, who also meets such conditions of participation as have been or may be adopted from time to time by a governmental unit.~~

~~A provider of diagnostic medical services, who must provide such services in accordance with generally accepted professional standards and in accordance with state licensing requirements and/or certification by national credentialing bodies, as required by law. Such medical diagnostic services may be rendered by eligible providers such as, but not limited to, independent diagnostic testing facilities (IDTFs). These eligible providers must be physically and financially independent of a hospital or a physician's office. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.~~

~~A provider of radiation oncology services, who must provide such services in accordance with generally accepted professional standards and in accordance with state licensing requirements and/or certification by national credentialing bodies, as required by law. Radiation oncology services may be rendered by eligible providers such as, but not limited to, independent radiation oncology centers. These eligible providers must be physically and financially independent of a hospital or a physician's office. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.~~

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

A clinic licensed by the Massachusetts Department of Public Health in accordance with ~~regulations 105 CMR 140.000: *Licensure of Clinics* to provide medical diagnostic services. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.~~

A ~~licensed~~ freestanding birth center facility that is not operating under a hospital's license, and is licensed as a birth center~~meets the conditions of participation adopted by the Massachusetts Department of Public Health pursuant to 105 CMR 142.000: *The Operation and Maintenance of Birth Centers*. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.~~

Eligible Mid-Level Practitioner.

An advanced practice ~~licensed~~ registered nurse who is authorized by the Board of Registration in Nursing to practice as a certified nurse practitioner, certified nurse midwife, clinical nurse specialist, psychiatric clinical nurse specialist, or a certified registered nurse anesthetist (CRNA), ~~whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be~~ adopted from time to time by a governmental unit.

~~A licensed registered nurse who is authorized by the Board of Registration in Nursing to practice as a nurse midwife, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.~~

A licensed physician assistant, who is authorized by the Board of Registration for Physician Assistants to practice as a physician assistant, ~~whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a government unit.~~

A registered nurse providing tobacco cessation services, ~~whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.~~

A tobacco cessation counselor, who has completed appropriate training in tobacco cessation counseling according to the qualification criteria established by the purchasing governmental unit, ~~whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.~~

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

A pharmacist, who is ~~currently~~ registered by the Board of Registration in Pharmacy, ~~and in good standing, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.~~

Eligible Provider for Payment for Administration of Flu Vaccines. A licensed physician, ~~a licensed registered nurse practicing as a certified~~ nurse practitioner, ~~or as a certified~~ nurse midwife, ~~clinical nurse specialist, psychiatric clinical nurse specialist, and a licensed~~ physician assistant, ~~registered as specified in 101 CMR 317.02,~~ are eligible to receive payment for administering flu vaccines. ~~In addition, any pharmacy registered by the Board of Registration in Pharmacy which utilizes pharmacists or other health care professionals certified in accordance with Massachusetts Department of Public Health regulations at 105 CMR 700.000: Implementation of M.G.L. c. 94C,~~ and any home health agency certified as a provider of home health services under the Medicare Health Insurance Program for the Aged (Title XVIII) is eligible ~~for payment~~ to administer ~~flu~~ vaccines, if it otherwise meets such conditions of participation and coverage set forth by a purchasing governmental unit. - Any other providers authorized by the Massachusetts Department of Public Health to possess and administer vaccines are also eligible if they otherwise meet such conditions of participation and coverage set forth by a purchasing governmental unit.

EOHHS. The Executive Office of Health and Human Services established under M.G.L. c. 6A.

~~Established Patient. A patient who has received professional services from the physician within the past three years.~~

Facility Setting Fee. Payments for services provided by an individual eligible provider in a hospital, ~~(including without limitation a hospital inpatient department, outpatient department, emergency department, and hospital licensed health center),~~ or skilled nursing facility or freestanding ambulatory surgical center (ASC), will be made according to a facility setting fee when an applicable facility setting fee has been established for that procedure.

Governmental Unit. The Commonwealth, any department, agency, board or commission of the Commonwealth and any political subdivision of the Commonwealth.

~~Independent (Nurse Practitioner or Nurse Midwife): Qualified and eligible to bill as a MassHealth Provider. See Eligible Mid-Level Practitioner.~~

Individual Consideration. Medical services, ~~which that~~ are authorized but not listed in 101 CMR 317.00 herein, medical services performed in unusual circumstances, and services designated "I.C." are individually considered items. ~~The governmental unit or purchaser shall analyze~~ the eligible provider's report of services rendered and charges submitted under the appropriate unlisted services or procedures category. ~~The governmental unit or purchaser Determination determines of~~ appropriate payment for procedures designated I.C. ~~shall be~~ in accordance with the following standards and criteria:

- (a) the amount of time required to perform the service;
- (b) the degree of skill required to perform the service;
- (c) the severity or complexity of the patient's disease, disorder, or disability;
- (d) any applicable relative-value studies;

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

- (e) any complications or other circumstances that may be deemed relevant;
- (f) the policies, procedures, and practices of other third party insurers;
- ~~(g) the payment rate for prescribed drugs as set forth at in 114.3 CMR 31.00~~ 101 CMR 331.00: Prescribed Drugs; and
- ~~(gh)~~ a copy of the current invoice from the supplier.

~~Levels of E/M Services. Within each category or subcategory of E/M service, there are three to five levels of E/M services available for reporting purposes. Levels of E/M services are not interchangeable among the different categories or subcategories of service. The levels of E/M services include examinations, evaluations, treatments, conferences with or concerning patients, preventive pediatric and adult health supervision and similar medical services. The levels of E/M services encompass the wide variations in skill, effort, time, responsibility and medical knowledge required for the prevention or diagnosis and treatment of illness or injury and the promotion of optimal health. Each level of E/M services may be used by all physicians. Coordination of care with other providers or agencies without a patient encounter on that day is reported using the case management codes. For a full discussion of the levels of E/M services, refer to the 2013 CPT handbook.~~

Modifiers. Listed services may be modified under certain circumstances. When applicable, the modifying circumstances should be identified by the addition of the appropriate two-digit number or letters.

~~New Patient. A patient who has not received any professional services from the physician within the past three years.~~

Physical Medicine. The physical medicine procedure codes apply only when:

- ~~(a)~~ the physician prescribed the needed therapy; and
- ~~(b)~~ the services are provided by the physician or a licensed physical or occupational therapist employed by the physician.

Primary Care Clinician (PCC) Plan. A managed care option administered by the MassHealth agency through which enrolled members receive primary care and certain other medical services.

Publicly Aided Individual (or Publicly Aided Patient). A person who receives health care and services for which a governmental unit is in whole or in part liable under a statutory program of public assistance.

Referral. The transfer of the total or specific care from one ~~physician-eligible provider~~ to another. ~~For the purposes of 101 CMR 317.00 a referral is not a consultation.~~

~~Separate Procedure. Some of the listed procedures are commonly carried out as an integral part of a total service, and as such do not warrant a separate identification. When, however, such a procedure is performed independently of, and is not immediately related to, other services, it may be listed as a separate procedure in the procedure description. Thus, when a procedure that is ordinarily a component of a larger procedure is performed alone for a specific purpose, it may be considered to be a separate procedure.~~

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

~~Special Report. A service that is rarely provided, unusual, variable, or new may require a special report in determining medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure; and the time, effort and equipment necessary to provide the service.~~

Unlisted Procedure or Service. A service or procedure may be provided that is not listed in ~~Regulation~~ 101 CMR 317.04. When reporting such a service, the appropriate "Unlisted Procedure" code may be used to indicate the service, ~~identifying it by "Special Report."~~

317.03: General Rate Provisions

(1) Rate Determination. Rates of payment ~~for services for~~ which 101 CMR 317.00 applies ~~shall~~ bear the lowest of:

- (a) ~~The~~ the eligible provider's usual fee to patients other than publicly ~~-~~aided individuals;
~~or~~
- (b) ~~The~~ the eligible provider's actual charge submitted; or
- (c) 1. The ~~the~~ schedule of allowable fees set forth in 101 CMR 317.04(4), taking into account appropriate modifiers and any other applicable rate provision(s) in accordance with 101 CMR 317.03 or 317.04(1); or
2. for drugs, vaccines, and immune globulins administered in a physician's office, the fee specified in 101 CMR 317.04(1)(a), taking into account any other applicable rate provision(s) in accordance with 101 CMR 317.04(1).
- ~~(d) The current Medicare Outpatient Prospective Payment System (OPPS) cap payment amounts, if applicable.~~

(2) Supplemental Payment.

- (a) Eligibility. An eligible provider who is a physician, certified nurse practitioner, physician assistant, or CRNA is eligible for ~~may receive~~ a supplemental payment for services to publicly aided individuals eligible under Titles XIX and XXI of the Social Security Act if the following conditions are met:
 - 1. the eligible provider is employed by a non-profit group practice that was established in accordance with St. 1997, c.163 and is affiliated with a Commonwealth-owned medical school;
 - 2. such non-profit group practice ~~shall~~ must have been established on or before January 1, 2000, in order to support the purposes of a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school; and
 - 3. the services are provided at a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school.
- (b) Payment Method. This supplemental payment may not exceed the difference between:
 - 1. payments to the eligible provider made pursuant to the rates applicable under 101 CMR 316.03(1), 101 CMR 317.03(1), and 101 CMR 318.03(1); and
 - 2. the ~~Federal~~ federal upper payment limit established by the Centers for Medicare and Medicaid Services, set forth in 42 CFR 447.325: Other Inpatient and Outpatient Facility Services: Upper Limits Of Payment.

(3) Rate Variations Based on Practice Site. Payments for certain services provided by individual eligible providers that can be routinely furnished in physicians' offices are reduced when such

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

services are furnished in facility settings. -101 CMR 317.04 establishes facility setting fees applied to services rendered in a facility when a practice site differential is warranted.

(4) The sum of the professional and technical components of an individual procedure will not be greater than the allowable global fee set forth in 101 CMR 317.04(4).

(45) Allowable ~~Mid-Level~~ Fee for ~~Certain Eligible Providers~~ Qualified Mid-Level Practitioners. Payment for services provided by eligible providers who are licensed certified nurse practitioners, certified eligible licensed nurse midwives, psychiatric clinical nurse specialists, clinical nurse specialists, eligible licensed physician assistants, eligible registered nurses, eligible tobacco cessation counselors, eligible pharmacies which that utilize pharmacists or other health care professionals certified in accordance with Massachusetts Department of Public Health regulations at 105 CMR 700.000: Implementation of M.G.L. c. 94C, and eligible home health agencies as specified in 101 CMR 317.02 is 85% of the fees contained in 101 CMR 317.04(4). This rule does not apply to the EPSDT add-on code S0302 described in 101 CMR 317.03(57) or for tobacco cessation services, for medical nutrition therapy (97802, 97803, 97804, G0270, G0271), for diabetes self-management training (G0108, G0109), or for the administration of behavioral health screening (96110 and related modifiers), or for the perinatal depression screening (S3005 and related modifiers) services listed in section 101 CMR 317.04(4). Properly adjusted The rates listed in 101 CMR 317.04(4) for tobacco cessation services performed by for certain eligible providers already reflect the appropriate rate and no further rate adjustment applies (see mid-level practitioners are listed in section 101 CMR 317.04(4) according to codes 99407, 99407-SA, -SB, -HN, -TD, -TF, -HQ, -U1, -U2, and -U3).

(56) Behavioral Health Screening Services. Payment for the administration and scoring of standardized behavioral health screening tools is available to certain eligible providers (physicians, certified independent nurse midwife midwives, certified independent nurse practitioners, physician assistants, clinical nurse specialists, psychiatric clinical nurse specialists, community health centers, hospital outpatient departments, or such eligible providers mid-level practitioner employed by a physician or community health center) and is allowed for MassHealth purchase only when accompanied by a modifier. -Appropriate code and related modifiers for the standardized behavioral health screening tools are listed in a separate fee table in section 101 CMR 317.04(4). -For purposes of these modifiers, “Behavioral health need identified” means the provider administering the screening tool, in her or his professional judgment, identifies a child with a potential behavioral health services need.

(67) Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Add-On Code. To identify a completed well child office visit including all age appropriate components of the EPSDT schedule, use code S0302 in addition to the appropriate preventive medicine service in 101 CMR 317.04(4). -S0302 is always performed in addition to the primary procedure and must never be reported as a stand-alone code.

(78) Services and Payments Covered Under Other Regulations. Rules and reimbursement rates for the Medicine services-service codes listed herein in the chart below are contained in other EOHHS regulations.

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

Regulation Title	Regulation Number	Affected Services
Chiropractic Care	101 CMR 328.00	Chiropractic Manipulation Codes 98940 to 98943
Rehabilitation Clinic Services, Audiology Services, and Restorative Services	114.3 CMR 39.00	Audiologic Codes 92590 to 92595
Vision Care Services and Ophthalmic Materials	101 CMR 315.00	<u>Ophthalmological Service Codes 92002, 92004, 92012, 92014, 92015;</u> Spectacle Service Codes 92340-92342, 92370 and Screening Code 99173

(89) CPT Category III Codes. All medicine related CPT category III codes are included as a part of this regulation and have an assigned fee of I.C.

(910) PCC Plan Enhanced Fee. Primary Care Clinicians (PCCs) receive an enhanced rate for certain types of primary and preventive care visits provided to PCC Plan members enrolled with the PCC on the date of service. ~~Ten dollars~~ The enhanced fee specified in 114.3 CMR 53.03(1): PCC Plan Enhanced Fee is added to the rate for the procedure code billed. The MassHealth agency pays PCCs an enhanced fee for delivering primary care services in accordance with the terms of the PCC provider contract.

~~(1011)~~ Child and Adolescent Needs and Strengths (CANS): Psychiatric Diagnostic Interview Examination for Children and Adolescents Under the Age of Younger Than 21 Years. Psychiatrists ~~or psychiatric clinical nurse specialists~~ who complete the CANS for a MassHealth child or adolescent ~~under the age of younger than~~ 21 years during a Psychiatric Diagnostic Interview Examination should bill using procedure code ~~90801-90791~~ accompanied by modifier HA.

~~(11) Payments under Section 1202 of the Federal Affordable Care Act for Certain Primary Care Services.~~ For calendar years 2013 and 2014, Section 1202 of the federal Affordable Care Act requires Medicaid agencies to provide payment for certain primary care services delivered by eligible physicians consistent with rules set forth in 42 CFR Part 447, Subpart G (Section 1202 rates). ~~Section 1202 rates are developed by CMS and will be communicated via Administrative Bulletin.~~

(a) Eligible Physicians:

- i. ~~A physician who specializes in family medicine, general internal medicine, or pediatric medicine, or a subspecialty recognized by the American Board of Medical Specialties (ABMS), the American Osteopathic Association (AOA), or the American Board of Physician Specialties (ABPS), and who also meets such conditions of eligibility for payment, as specified by MassHealth and CMS, are eligible for the Section 1202 rates. Further, in order to be eligible for the Section 1202 rates, physicians must self attest that they are (1) practicing in an eligible specialty or subspecialty, and (2) that they are either board certified in one of the qualified specialties or subspecialties, or that 60% of the Medicaid codes he or she has been paid during the most recently completed~~

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

~~calendar year, or for newly eligible physicians during the prior month, were for the services eligible for the Section 1202 rates.~~

- ii. ~~Services provided by a non-physician practitioner, specified in Section 317.02, 'General Definitions', such as physician assistants, nurse practitioners, nurse midwives, are eligible for payment of 85% of the Section 1202 rates applicable under section 317.03 (4) only when provided under the personal supervision of an eligible primary care physician, and when properly billed under the supervising physician's enrollment number.~~

- ~~(b) Services Eligible for Section 1202 Rates. The Section 1202 rates apply to a specific set of services and procedures that CMS designates as 'primary care services.' They apply to billing codes for a specific set of evaluation and management (E&M) services, and certain vaccine administration services. The following billing codes are eligible for the Section 1202 Rates and may be amended by CMS.~~

~~Healthcare Common Procedure Coding System (HCPCS) codes:~~

- i. ~~E&M codes 99201-99499. Further guidance regarding codes covered by MassHealth is provided in Subchapter 6 of the *MassHealth Physician Manual*.~~
- ii. ~~Current Procedural Terminology vaccine administration codes 90460, 90461, 90471, 90472, 90473, 90474 or their successor codes.~~

- ~~(c) Vaccines for Children. Section 1202 updated the regional maximum administration fee for the Vaccines for Children program. For vaccines provided under the Vaccines for Children Program by Section 1202 eligible physicians in calendar years 2013 and 2014, payment will be the lesser of: (1) The Regional Maximum Administration Fee, or (2) the 1202 rate for code 90460.~~

- ~~(d) Effective date. 101 CMR 317.03(11) applies to dates of service in calendar years 2013 and 2014.~~

317.04: Maximum Allowable Fees

(1) Drugs, Medications, Supplies, and Laboratory Specimen Collections.

(a) Payment rates for drugs, vaccines, and immune globulins administered in a physician's office ~~are equal to~~ shall be the lower of the fee listed in the Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing File. For drugs, vaccines, and immune globulins administered in a physician's office that are not listed in the Quarterly ASP Medicare Part B Drug Pricing File, codes are listed in 101 CMR 317.04(4) with payment set by I.C., which shall apply until such time as the code is listed in the Quarterly ASP Medicare Part B Drug Pricing File. ~~101 CMR 317.04(4) or the current Medicare fee.~~

(b) Supplies and materials used in preparation for or as part of a procedure (e.g., bandages, laboratory kits, syringes, or disposable gloves) are not reimbursed separately, but included in the office visit rate. In addition, no supplemental charge ~~shall~~ can be submitted nor payment allowed for routine specimen collection in a physician's office and preparation for

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

clinical laboratory analysis (and activities related thereto), *e.g.*, venipuncture, urine, fecal and sputum samples, culturing, swabbing, and scraping for removal of tissues.

(c) Where applicable, payments for drugs, medicines, supplies, and related materials dispensed to patients ~~shall be~~ in accordance with rates ~~which that~~ are the subject matter of other regulations that may be in effect and germane to the item in question (*e.g.*, laboratory, pharmacy, medical supplies, *etc.*). ~~not to exceed the cost of the item to the physician.~~

In other instances where the use of another regulation is not appropriate, certain supplies and materials (except eyeglasses), provided by the physician over and above those usually included with the office visit or other services rendered should be billed under code ~~(99070).~~

(d) Payment for drugs and/ or biologicals may be claimed in addition to an office visit. Drugs that are considered routine and integral to the delivery of a physician's professional services in the course of diagnosis or treatment are not reimbursable. ~~Such drugs are commonly provided without charge or are included in the physician's fee for the service. Drugs and/or biologicals available free of charge from the Massachusetts Department of Public Health are not payable items. When an immunization or injection is the primary purpose of an office or other outpatient visit, the provider may bill only for the injectable material and its administration. However, when the immunization or injection is not the primary purpose of the office or other outpatient visit, a provider may bill for both the visit and the immunization or injectable material, but not for its administration. Payment for both vaccine administration and an office visit is allowable only when the vaccine administration is a medically necessary, separately identifiable service.~~

(2) Unless otherwise specified, guidelines, notes, and definitions provided in the ~~2013-2016~~ CPT Coding Handbook are applicable to the use of the procedure codes, ~~modifiers~~, and descriptions listed below.

(3) Modifiers.

(a) ~~-24: Unrelated evaluation-Evaluation and management-Management service-Service by the same-Same physician-Physician or Other Qualified Health Care Professional during-During post-Postoperative periodPeriod.~~

(b) ~~-25: Significant, separately-Separately identifiable-Identifiable evaluation-Evaluation and management-Management service-Service by the same-Same physician-Physician or Other Qualified Health Care Professional on the same-Same day-Day of the procedure Procedure or other-Other serviceService.~~ Modifier 25 is used to facilitate billing of evaluation and management services on the day of a procedure for which separate payment may be made. ~~The physician or other qualified health care professional~~ may indicate that on the day a procedure or service code was performed, the patient's condition required a significant, separately identifiable evaluation and management service above and beyond the usual preoperative and postoperative care associated with the procedure or service that was performed.

(c) ~~-26: Professional Component.~~ The component of a service or procedure representing the physician's² ~~or other qualified health care professional's~~ work interpreting or

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

performing the service or procedure. ~~(When the physician or other qualified health care professional component is reported separately, the addition of the modifier ‘-26’ to the appropriate procedure code will allow payment of the professional component allowable fee (PC Fee) contained in 101 CMR 317.04(4), adjusted by 101 CMR 317.03 as applicable to be paid.)~~

(d) -50: Bilateral Procedures. Payment for bilateral procedures performed at the same operative session must be identified by the appropriate service code and ~~the~~ modifier ‘-50’. Only one claim line is billed for both procedures. ~~(The addition of the modifier ‘-50’ to the bilateral code will allow payment of 150% of the allowable fee contained in 101 CMR 317.04(4), adjusted by 101 CMR 317.03 as applicable, to be paid to the eligible provider for performance of both bilateral procedures.)~~

(e) -51: Multiple Procedures. This modifier must be used to report multiple procedures performed at the same session. The service code for the major procedure or service must be reported without a modifier. The secondary, additional, or lesser procedure(s) must be identified by adding ~~the~~ modifier ‘-51’ to the end of the service code for the secondary procedure(s). ~~(The addition of the modifier ‘-51’ to the second and subsequent procedure codes allows payment of 50% of the allowable fee contained in 101 CMR 317.04(4), adjusted by 101 CMR 317.03 as applicable, to be paid to the eligible provider.~~
Note: This modifier should not be used with designated “add-on” codes or with codes in which the narrative begins with “each additional.”)

(f) -52: Reduced Services. Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's or other qualified health care professional's election. Under these circumstances, the service provided can be identified by its usual procedure number and addition of ~~the~~ modifier ‘-52’ signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service.

(g) -57: Decision for ~~surgery~~Surgery.

(h) -59: Distinct ~~procedure~~Procedural serviceService. To identify a procedure distinct or independent from other services performed on the same day add ~~the~~ modifier ‘-59’ to the end of the appropriate service code. Modifier ‘-59’ is used to identify services/procedures that are not normally reported together, but are appropriate under certain circumstances, for example, different site or organ system. However, when another already established modifier is appropriate, it should be used rather than modifier ‘-59’.

(i) -GO: Services delivered personally by an occupational therapist or under an outpatient occupational therapy plan of care.

(j) -GP: Services delivered personally by a physical therapist or under an outpatient physical therapy plan of care.

(k) -HA: Child and Adolescent Needs and Strengths (CANS): Psychiatric Diagnostic Interview Examination for Children and Adolescents ~~Under the Age of Younger Than 21~~

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

~~Years:-~~ This modifier should only be applied to service code ~~90801-90791~~ billed by psychiatrists or psychiatric clinical nurse specialists to identify a Psychiatric Diagnostic Interview Examination for a MassHealth child or adolescent ~~under the age of younger than 21 years~~ using the CANS.

~~HN: Bachelor's Degree Level. (Use to indicate Physician Assistant) (This modifier is to be applied to service codes billed by a physician which were performed by a physician assistant employed by the physician or group practice.)~~

~~(l) -LM: Left Main-main Coronary-coronary Arteryartery.~~

~~(m) -PA: Surgical or other invasive procedure performed on the wrong body part. (This modifier is applied to report Provider Preventable Conditions in accordance with 42 C.F.R. 447.26: Prohibition on Payment for Provider Preventable Conditions, and results in non-payment for services.)~~

~~(n) -PB: Surgical or other invasive procedure performed on the wrong patient. (This modifier is applied to report Provider Preventable Conditions in accordance with 42 C.F.R. 447.26: Prohibition on Payment for Provider Preventable Conditions, and results in non-payment for services.)~~

~~(o) -PC: Wrong surgical or other invasive procedure performed on a patient. (This modifier is applied to report Provider Preventable Conditions in accordance with 42 C.F.R. 447.26: Prohibition on Payment for Provider Preventable Conditions, and results in non-payment for services.)~~

~~(p) -RI: Ramus Intermedius-intermedius Coronary-coronary Arteryartery.~~

~~(q) -SA: Nurse Practitioner rendering service in collaboration with a physician. (This modifier is to be applied to service codes billed by a physician which that were performed by a certified non-independent nurse practitioner employed by the physician or group practice.) (A certifiedn-independent nurse practitioner billing under his/her own individual provider number should not use this modifier.)~~

~~-SB: Nurse Midwife. (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse midwife employed by the physician or group practice.) (An independent nurse midwife billing under his/her own individual provider number should not use this modifier.)~~

~~(r) -SL: State Supplied-supplied Vaccinevaccine. (This modifier -is to be applied to codes 90460 and 90461 to identify administration of vaccines provided at no cost by the Massachusetts Department of Public Health (DPH) for individuals ages-18 years old and underyounger, including those administered under the Vaccine for Children Program (VFC), where counseling is included. -It is also to be applied to codes 90471, 90472, 90473, and 90474 to identify administration of vaccines provided at no cost by DPH for all individuals, including those administered under VFC to individuals 18 years old and underyounger.)~~

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

(s) -TC: Technical Component. The component of a service or procedure representing the cost of rent, equipment, utilities, supplies, administrative and technical salaries and benefits, and other overhead expenses of the service or procedures, excluding the physician's or other qualified health care professional's professional component. (When the technical component is reported separately, the addition of modifier '-TC' to the procedure code will allow payment of the technical component allowable fee (TC Fee) contained in 101 CMR 317.04(4), as adjusted by 101 CMR 317.03 as applicable to be paid.

(t) XE: Separate encounter. A service that is distinct because it occurred during a separate encounter.

(u) XS: Separate structure. A service that is distinct because it was performed on a separate organ/structure.

(v) XP: Separate practitioner. A service that is distinct because it was performed by a different practitioner.

(w) XU: Unusual non-overlapping service. The use of a service that is distinct because it does not overlap usual components of the main service.

(4) Fee Schedule.

(a) NFAC – “Nonfacility”: These amounts apply when the service is performed in a non-facility setting.

(b) FAC – “Facility”: These amounts, also known as the Facility Setting Fee, apply when the service is performed in a facility setting

(c) Global Fee – These amounts apply when no site of service differential rate is specified.

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>90281</u>	-	-	<u>I.C.</u>	-	-	<u>Immune globulin (Ig), human, for intramuscular use</u>
<u>90283</u>	-	-	<u>I.C.</u>	-	-	<u>Immune globulin (IgIV), human, for intravenous use</u>
<u>90284</u>	-	-	<u>I.C.</u>	-	-	<u>Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each</u>
<u>90287</u>	-	-	<u>I.C.</u>	-	-	<u>Botulinum antitoxin, equine, any route</u>
<u>90288</u>	-	-	<u>I.C.</u>	-	-	<u>Botulism immune globulin, human, for intravenous use</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>90291</u>	-	-	<u>I.C.</u>	-	-	<u>Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use</u>
<u>90296</u>	-	-	<u>I.C.</u>	-	-	<u>Diphtheria antitoxin, equine, any route</u>
<u>90371</u>	-	-	<u>I.C.</u>	-	-	<u>Hepatitis B immune globulin (HBIG), human, for intramuscular use</u>
<u>90375</u>	-	-	<u>I.C.</u>	-	-	<u>Rabies immune globulin (RIg), human, for intramuscular and/or subcutaneous use</u>
<u>90376</u>	-	-	<u>I.C.</u>	-	-	<u>Rabies immune globulin, heat-treated (RIg-HT), human, for intramuscular and/or subcutaneous use</u>
<u>90378</u>	-	-	<u>I.C.</u>	-	-	<u>Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each</u>
<u>90384</u>	-	-	<u>I.C.</u>	-	-	<u>Rho(D) immune globulin (RhIg), human, full-dose, for intramuscular use</u>
<u>90385</u>	-	-	<u>I.C.</u>	-	-	<u>Rho(D) immune globulin (RhIg), human, mini-dose, for intramuscular use</u>
<u>90386</u>	-	-	<u>I.C.</u>	-	-	<u>Rho(D) immune globulin (RhIgIV), human, for intravenous use</u>
<u>90389</u>	-	-	<u>I.C.</u>	-	-	<u>Tetanus immune globulin (TIg), human, for intramuscular use</u>
<u>90393</u>	-	-	<u>I.C.</u>	-	-	<u>Vaccinia immune globulin, human, for intramuscular use</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>90396</u>	-	-	<u>I.C.</u>	-	-	<u>Varicella-zoster immune globulin, human, for intramuscular use</u>
<u>90399</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted immune globulin</u>
<u>90460</u>	-	-	<u>\$19.38</u>	-	-	<u>Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered</u>
<u>90461</u>	-	-	<u>\$9.33</u>	-	-	<u>Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)</u>
<u>90471</u>	-	-	<u>\$19.38</u>	-	-	<u>Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>90472</u>	-	-	<u>\$9.33</u>	-	-	<u>Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)</u>
<u>90473</u>	-	-	<u>\$19.38</u>	-	-	<u>Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)</u>
<u>90474</u>	-	-	<u>\$9.33</u>	-	-	<u>Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)</u>
<u>90476</u>	-	-	<u>I.C.</u>	-	-	<u>Adenovirus vaccine, type 4, live, for oral use</u>
<u>90477</u>	-	-	<u>I.C.</u>	-	-	<u>Adenovirus vaccine, type 7, live, for oral use</u>
<u>90581</u>	-	-	<u>I.C.</u>	-	-	<u>Anthrax vaccine, for subcutaneous or intramuscular use</u>
<u>90585</u>	-	-	<u>I.C.</u>	-	-	<u>Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use</u>
<u>90586</u>	-	-	<u>I.C.</u>	-	-	<u>Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live,</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>for intravesical use</u>
<u>90620</u>	-	-	<u>I.C.</u>	-	-	<u>Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule, for intramuscular use</u>
<u>90621</u>	-	-	<u>I.C.</u>	-	-	<u>Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB), 3 dose schedule, for intramuscular use</u>
<u>90625</u>	-	-	<u>I.C.</u>	-	-	<u>Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use</u>
<u>90630</u>	-	-	<u>I.C.</u>	-	-	<u>Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use</u>
<u>90632</u>	-	-	<u>I.C.</u>	-	-	<u>Hepatitis A vaccine (HepA), adult dosage, for intramuscular use</u>
<u>90633</u>	-	-	<u>I.C.</u>	-	-	<u>Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use</u>
<u>90634</u>	-	-	<u>I.C.</u>	-	-	<u>Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use</u>
<u>90636</u>	-	-	<u>I.C.</u>	-	-	<u>Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>90644</u>	-	-	<u>I.C.</u>	-	-	<u>Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use</u>
<u>90647</u>	-	-	<u>I.C.</u>	-	-	<u>Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use</u>
<u>90648</u>	-	-	<u>I.C.</u>	-	-	<u>Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use</u>
<u>90649</u>	-	-	<u>I.C.</u>	-	-	<u>Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use</u>
<u>90650</u>	-	-	<u>I.C.</u>	-	-	<u>Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use</u>
<u>90651</u>	-	-	<u>I.C.</u>	-	-	<u>Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 3 dose schedule, for intramuscular use</u>
<u>90653</u>	-	-	<u>I.C.</u>	-	-	<u>Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>90654</u>	-	-	<u>I.C.</u>	-	-	<u>Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use</u>
<u>90655</u>	-	-	<u>I.C.</u>	-	-	<u>Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use</u>
<u>90656</u>	-	-	<u>I.C.</u>	-	-	<u>Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use</u>
<u>90657</u>	-	-	<u>I.C.</u>	-	-	<u>Influenza virus vaccine, trivalent (IIV3), split virus, when administered to children 6-35 months of age, for intramuscular use</u>
<u>90658</u>	-	-	<u>I.C.</u>	-	-	<u>Influenza virus vaccine, trivalent (IIV3), split virus, when administered to individuals 3 years of age and older, for intramuscular use</u>
<u>90660</u>	-	-	<u>I.C.</u>	-	-	<u>Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use</u>
<u>90661</u>	-	-	<u>I.C.</u>	-	-	<u>Influenza virus vaccine (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>90662</u>	-	-	<u>I.C.</u>	-	-	<u>Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use</u>
<u>90664</u>	-	-	<u>I.C.</u>	-	-	<u>Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use</u>
<u>90666</u>	-	-	<u>I.C.</u>	-	-	<u>Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use</u>
<u>90667</u>	-	-	<u>I.C.</u>	-	-	<u>Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use</u>
<u>90668</u>	-	-	<u>I.C.</u>	-	-	<u>Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use</u>
<u>90670</u>	-	-	<u>I.C.</u>	-	-	<u>Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use</u>
<u>90672</u>	-	-	<u>I.C.</u>	-	-	<u>Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use</u>
<u>90673</u>	-	-	<u>I.C.</u>	-	-	<u>Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>90675</u>	-	-	<u>I.C.</u>	-	-	<u>Rabies vaccine, for intramuscular use</u>
<u>90676</u>	-	-	<u>I.C.</u>	-	-	<u>Rabies vaccine, for intradermal use</u>
<u>90680</u>	-	-	<u>I.C.</u>	-	-	<u>Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use</u>
<u>90681</u>	-	-	<u>I.C.</u>	-	-	<u>Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use</u>
<u>90685</u>	-	-	<u>I.C.</u>	-	-	<u>Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use</u>
<u>90686</u>	-	-	<u>I.C.</u>	-	-	<u>Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use</u>
<u>90687</u>	-	-	<u>I.C.</u>	-	-	<u>Influenza virus vaccine, quadrivalent (IIV4), split virus, when administered to children 6-35 months of age, for intramuscular use</u>
<u>90688</u>	-	-	<u>I.C.</u>	-	-	<u>Influenza virus vaccine, quadrivalent (IIV4), split virus, when administered to individuals 3 years of age and older, for intramuscular use</u>
<u>90690</u>	-	-	<u>I.C.</u>	-	-	<u>Typhoid vaccine, live, oral</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>90691</u>	-	-	<u>I.C.</u>	-	-	<u>Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use</u>
<u>90696</u>	-	-	<u>I.C.</u>	-	-	<u>Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use</u>
<u>90697</u>	-	-	<u>I.C.</u>	-	-	<u>Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use</u>
<u>90698</u>	-	-	<u>I.C.</u>	-	-	<u>Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine (DTaP-IPV/Hib), for intramuscular use</u>
<u>90700</u>	-	-	<u>I.C.</u>	-	-	<u>Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use</u>
<u>90702</u>	-	-	<u>I.C.</u>	-	-	<u>Diphtheria and tetanus toxoids adsorbed (DT) when administered to</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>individuals younger than 7 years, for intramuscular use</u>
<u>90707</u>	-	-	<u>I.C.</u>	-	-	<u>Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use</u>
<u>90710</u>	-	-	<u>I.C.</u>	-	-	<u>Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use</u>
<u>90713</u>	-	-	<u>I.C.</u>	-	-	<u>Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use</u>
<u>90714</u>	-	-	<u>I.C.</u>	-	-	<u>Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use</u>
<u>90715</u>	-	-	<u>I.C.</u>	-	-	<u>Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use</u>
<u>90716</u>	-	-	<u>I.C.</u>	-	-	<u>Varicella virus vaccine (VAR), live, for subcutaneous use</u>
<u>90717</u>	-	-	<u>I.C.</u>	-	-	<u>Yellow fever vaccine, live, for subcutaneous use</u>
<u>90723</u>	-	-	<u>I.C.</u>	-	-	<u>Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>IPV), for intramuscular use</u>
<u>90732</u>	-	-	<u>I.C.</u>	-	-	<u>Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use</u>
<u>90733</u>	-	-	<u>I.C.</u>	-	-	<u>Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use</u>
<u>90734</u>	-	-	<u>I.C.</u>	-	-	<u>Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MenACWY), for intramuscular use</u>
<u>90736</u>	-	-	<u>I.C.</u>	-	-	<u>Zoster (shingles) vaccine (HZV), live, for subcutaneous injection</u>
<u>90738</u>	-	-	<u>I.C.</u>	-	-	<u>Japanese encephalitis virus vaccine, inactivated, for intramuscular use</u>
<u>90739</u>	-	-	<u>I.C.</u>	-	-	<u>Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use</u>
<u>90740</u>	-	-	<u>I.C.</u>	-	-	<u>Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>intramuscular use</u>
<u>90743</u>	-	-	<u>I.C.</u>	-	-	<u>Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use</u>
<u>90744</u>	-	-	<u>I.C.</u>	-	-	<u>Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use</u>
<u>90746</u>	-	-	<u>I.C.</u>	-	-	<u>Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use</u>
<u>90747</u>	-	-	<u>I.C.</u>	-	-	<u>Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use</u>
<u>90748</u>	-	-	<u>I.C.</u>	-	-	<u>Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use</u>
<u>90749</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted vaccine/toxoid</u>
<u>90785</u>	-	-	<u>\$10.01</u>	-	-	<u>Interactive complexity (List separately in addition to the code for primary procedure)</u>
<u>90791</u>	<u>\$95.09</u>	<u>\$91.72</u>	-	-	-	<u>Psychiatric diagnostic evaluation</u>
<u>90792</u>	<u>\$105.05</u>	<u>\$101.68</u>	-	-	-	<u>Psychiatric diagnostic evaluation with medical services</u>
<u>90832</u>	<u>\$45.92</u>	<u>\$45.64</u>	-	-	-	<u>Psychotherapy, 30 minutes with patient and/or family member</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

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<u>90833</u>	<u>\$47.48</u>	<u>\$46.92</u>	-	-	-	<u>Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)</u>
<u>90834</u>	<u>\$61.00</u>	<u>\$60.72</u>	-	-	-	<u>Psychotherapy, 45 minutes with patient and/or family member</u>
<u>90836</u>	<u>\$60.28</u>	<u>\$59.72</u>	-	-	-	<u>Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)</u>
<u>90837</u>	<u>\$91.72</u>	<u>\$90.88</u>	-	-	-	<u>Psychotherapy, 60 minutes with patient and/or family member</u>
<u>90838</u>	<u>\$79.48</u>	<u>\$78.92</u>	-	-	-	<u>Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)</u>
<u>90839</u>	<u>\$95.62</u>	<u>\$95.05</u>	-	-	-	<u>Psychotherapy for crisis; first 60 minutes</u>
<u>90840</u>	<u>\$45.64</u>	<u>\$45.36</u>	-	-	-	<u>Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)</u>
<u>90845</u>	<u>\$65.97</u>	<u>\$65.69</u>	-	-	-	<u>Psychoanalysis</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

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<u>90846</u>	<u>\$74.08</u>	<u>\$73.52</u>	-	-	-	<u>Family psychotherapy (without the patient present)</u>
<u>90847</u>	<u>\$76.65</u>	<u>\$76.08</u>	-	-	-	<u>Family psychotherapy (conjoint psychotherapy) (with patient present)</u>
<u>90849</u>	<u>\$25.12</u>	<u>\$22.31</u>	-	-	-	<u>Multiple-family group psychotherapy</u>
<u>90853</u>	<u>\$18.51</u>	<u>\$18.23</u>	-	-	-	<u>Group psychotherapy (other than of a multiple-family group)</u>
<u>90863</u>	-	-	<u>I.C.</u>	-	-	<u>Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)</u>
<u>90865</u>	<u>\$123.27</u>	<u>\$93.52</u>	-	-	-	<u>Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)</u>
<u>90867</u>	-	-	<u>I.C.</u>	-	-	<u>Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management</u>
<u>90868</u>	-	-	<u>I.C.</u>	-	-	<u>Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

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<u>90869</u>	-	-	<u>I.C.</u>	-	-	<u>Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management</u>
<u>90870</u>	<u>\$132.93</u>	<u>\$80.17</u>	-	-	-	<u>Electroconvulsive therapy (includes necessary monitoring)</u>
<u>90875</u>	-	-	<u>\$44.73</u>	-	-	<u>Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes</u>
<u>90876</u>	<u>\$79.27</u>	<u>\$70.85</u>	-	-	-	<u>Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 45 minutes</u>
<u>90880</u>	<u>\$73.60</u>	<u>\$67.71</u>	-	-	-	<u>Hypnotherapy</u>
<u>90882</u>	-	-	<u>I.C.</u>	-	-	<u>Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

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						<u>institutions</u>
<u>90885</u>	-	-	<u>\$36.16</u>	-	-	<u>Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes</u>
<u>90887</u>	<u>\$65.12</u>	<u>\$55.30</u>	-	-	-	<u>Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient</u>
<u>90889</u>	-	-	<u>I.C.</u>	-	-	<u>Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers</u>
<u>90899</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted psychiatric service or procedure</u>
<u>90901</u>	<u>\$28.77</u>	<u>\$14.46</u>	-	-	-	<u>Biofeedback training by any modality</u>
<u>90911</u>	<u>\$63.57</u>	<u>\$32.42</u>	-	-	-	<u>Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>90935</u>	-	-	<u>\$52.89</u>	-	-	<u>Hemodialysis procedure with single evaluation by a physician or other qualified health care professional</u>
<u>90937</u>	-	-	<u>\$75.82</u>	-	-	<u>Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription</u>
<u>90940</u>	-	-	<u>I.C.</u>	-	-	<u>Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method</u>
<u>90945</u>	-	-	<u>\$63.24</u>	-	-	<u>Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional</u>
<u>90947</u>	-	-	<u>\$90.44</u>	-	-	<u>Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription</u>

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<u>90951</u>	-	-	<u>\$685.48</u>	-	-	<u>End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month</u>
<u>90952</u>	-	-	<u>I.C.</u>	-	-	<u>End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month</u>
<u>90953</u>	-	-	<u>I.C.</u>	-	-	<u>End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other</u>

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						<u>qualified health care professional per month</u>
<u>90954</u>	-	-	<u>\$594.55</u>	-	-	<u>End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month</u>
<u>90955</u>	-	-	<u>\$334.21</u>	-	-	<u>End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month</u>

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<u>90956</u>	-	-	<u>\$233.58</u>	-	-	<u>End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month</u>
<u>90957</u>	-	-	<u>\$471.06</u>	-	-	<u>End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month</u>
<u>90958</u>	-	-	<u>\$319.13</u>	-	-	<u>End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

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						<u>care professional per month</u>
<u>90959</u>	-	-	<u>\$217.38</u>	-	-	<u>End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month</u>
<u>90960</u>	-	-	<u>\$208.60</u>	-	-	<u>End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month</u>
<u>90961</u>	-	-	<u>\$175.56</u>	-	-	<u>End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month</u>

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<u>90962</u>	-	-	<u>\$135.94</u>	-	-	<u>End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month</u>
<u>90963</u>	-	-	<u>\$397.52</u>	-	-	<u>End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents</u>
<u>90964</u>	-	-	<u>\$347.72</u>	-	-	<u>End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents</u>
<u>90965</u>	-	-	<u>\$331.09</u>	-	-	<u>End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents</u>

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<u>90966</u>	-	-	<u>\$175.12</u>	-	-	<u>End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older</u>
<u>90967</u>	-	-	<u>\$13.20</u>	-	-	<u>End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age</u>
<u>90968</u>	-	-	<u>\$11.36</u>	-	-	<u>End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age</u>
<u>90969</u>	-	-	<u>\$11.10</u>	-	-	<u>End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age</u>
<u>90970</u>	-	-	<u>\$5.71</u>	-	-	<u>End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older</u>
<u>90989</u>	-	-	<u>I.C.</u>	-	-	<u>Dialysis training, patient, including helper where applicable, any mode, completed course</u>
<u>90993</u>	-	-	<u>I.C.</u>	-	-	<u>Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session</u>

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<u>90997</u>	-	-	<u>\$68.19</u>	-	-	<u>Hemoperfusion (eg, with activated charcoal or resin)</u>
<u>90999</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted dialysis procedure, inpatient or outpatient</u>
<u>91010</u>	-	-	<u>\$135.21</u>	<u>\$49.46</u>	<u>\$85.75</u>	<u>Esophagus motility study</u>
<u>91013</u>	-	-	<u>\$17.67</u>	<u>\$7.01</u>	<u>\$10.66</u>	<u>Esophgl motil w/stim/perfus</u>
<u>91020</u>	-	-	<u>\$180.56</u>	<u>\$55.64</u>	<u>\$124.91</u>	<u>Gastric motility studies</u>
<u>91022</u>	-	-	<u>\$128.05</u>	<u>\$55.49</u>	<u>\$72.56</u>	<u>Duodenal motility study</u>
<u>91030</u>	-	-	<u>\$104.90</u>	<u>\$34.87</u>	<u>\$70.03</u>	<u>Acid perfusion of esophagus</u>
<u>91034</u>	-	-	<u>\$146.76</u>	<u>\$37.71</u>	<u>\$109.04</u>	<u>Gastroesophageal reflux test</u>
<u>91035</u>	-	-	<u>\$374.45</u>	<u>\$61.67</u>	<u>\$312.78</u>	<u>G-esoph reflx tst w/electrod</u>
<u>91037</u>	-	-	<u>\$123.71</u>	<u>\$37.40</u>	<u>\$86.31</u>	<u>Esoph impeded function test</u>
<u>91038</u>	-	-	<u>\$351.71</u>	<u>\$42.29</u>	<u>\$309.42</u>	<u>Esoph impeded funct test > 1hr</u>
<u>91040</u>	-	-	<u>\$340.90</u>	<u>\$37.09</u>	<u>\$303.80</u>	<u>Esoph balloon distension tst</u>
<u>91065</u>	-	-	<u>\$61.00</u>	<u>\$7.52</u>	<u>\$53.48</u>	<u>Breath hydrogen/methane test</u>
<u>91110</u>	-	-	<u>\$686.88</u>	<u>\$140.60</u>	<u>\$546.27</u>	<u>Gi tract capsule endoscopy</u>
<u>91111</u>	-	-	<u>\$569.57</u>	<u>\$38.73</u>	<u>\$530.84</u>	<u>Esophageal capsule endoscopy</u>
<u>91112</u>	-	-	<u>\$847.88</u>	<u>\$81.02</u>	<u>\$766.86</u>	<u>Gi wireless capsule measure</u>
<u>91117</u>	-	-	<u>\$102.27</u>	-	-	<u>Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with</u>

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						<u>interpretation and report</u>
<u>91120</u>	-	-	<u>\$332.82</u>	<u>\$36.87</u>	<u>\$295.95</u>	<u>Rectal sensation test</u>
<u>91122</u>	-	-	<u>\$173.66</u>	<u>\$66.15</u>	<u>\$107.51</u>	<u>Anal pressure record</u>
<u>91132</u>	-	-	<u>\$120.08</u>	<u>\$20.30</u>	<u>\$99.78</u>	<u>Electrogastrography</u>
<u>91133</u>	-	-	<u>\$133.99</u>	<u>\$25.51</u>	<u>\$108.48</u>	<u>Electrogastrography w/test</u>
<u>91200</u>	-	-	<u>\$24.06</u>	<u>\$9.60</u>	<u>\$14.47</u>	<u>Liver elastography</u>
<u>91299</u>	-	-	<u>I.C.</u>	-	-	<u>Gastroenterology procedure</u>
<u>92018</u>	-	-	<u>\$107.95</u>	-	-	<u>Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete</u>
<u>92019</u>	-	-	<u>\$53.13</u>	-	-	<u>Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; limited</u>
<u>92020</u>	<u>\$20.01</u>	<u>\$15.52</u>	-	-	-	<u>Gonioscopy (separate procedure)</u>
<u>92025</u>	-	-	<u>\$28.92</u>	<u>\$15.01</u>	<u>\$13.91</u>	<u>Corneal topography</u>
<u>92060</u>	-	-	<u>\$49.41</u>	<u>\$28.49</u>	<u>\$20.92</u>	<u>Special eye evaluation</u>
<u>92065</u>	-	-	<u>\$40.94</u>	<u>\$13.28</u>	<u>\$27.66</u>	<u>Orthoptic/pleoptic training</u>
<u>92071</u>	<u>\$28.28</u>	<u>\$24.91</u>	-	-	-	<u>Fitting of contact lens for treatment of ocular</u>

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						<u>surface disease</u>
<u>92072</u>	<u>\$101.21</u>	<u>\$76.23</u>	-	-	-	<u>Fitting of contact lens for management of keratoconus, initial fitting</u>
<u>92081</u>	-	-	<u>\$25.67</u>	<u>\$12.05</u>	<u>\$13.63</u>	<u>Visual field examination(s)</u>
<u>92082</u>	-	-	<u>\$36.65</u>	<u>\$16.01</u>	<u>\$20.64</u>	<u>Visual field examination(s)</u>
<u>92083</u>	-	-	<u>\$49.32</u>	<u>\$20.82</u>	<u>\$28.50</u>	<u>Visual field examination(s)</u>
<u>92100</u>	<u>\$61.40</u>	<u>\$25.19</u>	-	-	-	<u>Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)</u>
<u>92132</u>	-	-	<u>\$26.39</u>	<u>\$14.17</u>	<u>\$12.22</u>	<u>Cmptr ophth dx img ant segmt</u>
<u>92133</u>	-	-	<u>\$33.32</u>	<u>\$20.82</u>	<u>\$12.50</u>	<u>Cmptr ophth img optic nerve</u>
<u>92134</u>	-	-	<u>\$34.16</u>	<u>\$21.38</u>	<u>\$12.78</u>	<u>Cptr ophth dx img post segmt</u>
<u>92136</u>	-	-	<u>\$69.71</u>	<u>\$23.25</u>	<u>\$46.46</u>	<u>Ophthalmic biometry</u>
<u>92140</u>	<u>\$48.35</u>	<u>\$19.73</u>	-	-	-	<u>Provocative tests for glaucoma, with interpretation and report, without tonography</u>
<u>92145</u>	-	-	<u>\$11.40</u>	<u>\$6.19</u>	<u>\$5.21</u>	<u>Corneal hysteresis deter</u>
<u>92225</u>	<u>\$20.27</u>	<u>\$15.78</u>	-	-	-	<u>Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>92226</u>	<u>\$18.71</u>	<u>\$14.22</u>	-	-	-	<u>Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent</u>
<u>92227</u>	-	-	<u>\$11.38</u>	-	-	<u>Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral</u>
<u>92228</u>	-	-	<u>\$26.06</u>	<u>\$15.52</u>	<u>\$10.54</u>	<u>Remote retinal imaging mgmt</u>
<u>92230</u>	<u>\$44.18</u>	<u>\$24.81</u>	-	-	-	<u>Fluorescein angiography with interpretation and report</u>
<u>92235</u>	-	-	<u>\$84.48</u>	<u>\$35.21</u>	<u>\$49.27</u>	<u>Eye exam with photos</u>
<u>92240</u>	-	-	<u>\$198.70</u>	<u>\$47.84</u>	<u>\$150.86</u>	<u>Icg angiography</u>
<u>92250</u>	-	-	<u>\$60.97</u>	<u>\$17.88</u>	<u>\$43.09</u>	<u>Eye exam with photos</u>
<u>92260</u>	<u>\$13.98</u>	<u>\$8.08</u>	-	-	-	<u>Ophthalmodynamometry</u>
<u>92265</u>	-	-	<u>\$60.09</u>	<u>\$31.87</u>	<u>\$28.22</u>	<u>Eye muscle evaluation</u>
<u>92270</u>	-	-	<u>\$69.91</u>	<u>\$30.47</u>	<u>\$39.44</u>	<u>Electro-oculography</u>
<u>92275</u>	-	-	<u>\$114.45</u>	<u>\$40.33</u>	<u>\$74.12</u>	<u>Electroretinography</u>
<u>92283</u>	-	-	<u>\$43.11</u>	<u>\$6.75</u>	<u>\$36.36</u>	<u>Color vision examination</u>
<u>92284</u>	-	-	<u>\$47.71</u>	<u>\$9.11</u>	<u>\$38.60</u>	<u>Dark adaptation eye exam</u>
<u>92285</u>	-	-	<u>\$15.90</u>	<u>\$2.28</u>	<u>\$13.63</u>	<u>Eye photography</u>
<u>92286</u>	-	-	<u>\$29.08</u>	<u>\$16.57</u>	<u>\$12.50</u>	<u>Internal eye photography</u>
<u>92287</u>	-	-	<u>\$105.96</u>	<u>\$34.93</u>	<u>\$71.03</u>	<u>Internal eye photography</u>
<u>92310</u>	<u>\$72.02</u>	<u>\$43.68</u>	-	-	-	<u>Prescription of optical and physical characteristics of and fitting of contact lens, with medical</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>supervision of adaptation; corneal lens, both eyes, except for aphakia</u>
<u>92311</u>	<u>\$76.83</u>	<u>\$41.19</u>	-	-	-	<u>Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye</u>
<u>92312</u>	<u>\$88.45</u>	<u>\$46.92</u>	-	-	-	<u>Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes</u>
<u>92313</u>	<u>\$73.98</u>	<u>\$34.97</u>	-	-	-	<u>Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal scleral lens</u>
<u>92314</u>	<u>\$60.67</u>	<u>\$25.59</u>	-	-	-	<u>Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>92315</u>	<u>\$56.18</u>	<u>\$16.04</u>	-	-	-	<u>Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, 1 eye</u>
<u>92316</u>	<u>\$70.48</u>	<u>\$24.18</u>	-	-	-	<u>Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes</u>
<u>92317</u>	<u>\$58.70</u>	<u>\$16.32</u>	-	-	-	<u>Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneoscleral lens</u>
<u>92325</u>	-	-	<u>\$32.99</u>	-	-	<u>Modification of contact lens (separate procedure), with medical supervision of adaptation</u>
<u>92326</u>	-	-	<u>\$27.66</u>	-	-	<u>Replacement of contact lens</u>
<u>92352</u>	<u>\$30.83</u>	<u>\$13.71</u>	-	-	-	<u>Fitting of spectacle prosthesis for aphakia; monofocal</u>
<u>92353</u>	<u>\$35.72</u>	<u>\$18.60</u>	-	-	-	<u>Fitting of spectacle prosthesis for aphakia; multifocal</u>
<u>92354</u>	-	-	<u>\$10.54</u>	-	-	<u>Fitting of spectacle mounted low vision aid;</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>single element system</u>
<u>92355</u>	-	-	<u>\$16.43</u>	-	-	<u>Fitting of spectacle mounted low vision aid; telescopic or other compound lens system</u>
<u>92358</u>	-	-	<u>\$8.86</u>	-	-	<u>Prosthesis service for aphakia, temporary (disposable or loan, including materials)</u>
<u>92371</u>	-	-	<u>\$9.14</u>	-	-	<u>Repair and refitting spectacles; spectacle prosthesis for aphakia</u>
<u>92499</u>	-	-	<u>I.C.</u>	-	-	<u>Eye service or procedure</u>
<u>92502</u>	-	-	<u>\$72.65</u>	-	-	<u>Otolaryngologic examination under general anesthesia</u>
<u>92504</u>	<u>\$23.29</u>	<u>\$7.01</u>	-	-	-	<u>Binocular microscopy (separate diagnostic procedure)</u>
<u>92507</u>	-	-	<u>\$58.76</u>	-	-	<u>Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual</u>
<u>92508</u>	-	-	<u>\$17.59</u>	-	-	<u>Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals</u>
<u>92511</u>	<u>\$87.24</u>	<u>\$29.43</u>	-	-	-	<u>Nasopharyngoscopy with endoscope (separate procedure)</u>
<u>92512</u>	<u>\$46.42</u>	<u>\$21.16</u>	-	-	-	<u>Nasal function studies (eg, rhinomanometry)</u>
<u>92516</u>	<u>\$54.42</u>	<u>\$17.09</u>	-	-	-	<u>Facial nerve function studies (eg, electroneuronography)</u>
<u>92520</u>	<u>\$57.46</u>	<u>\$30.52</u>	-	-	-	<u>Laryngeal function studies (ie, aerodynamic testing and acoustic</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>testing)</u>
<u>92521</u>	-	-	<u>\$82.54</u>	-	-	<u>Evaluation of speech fluency (eg, stuttering, cluttering)</u>
<u>92522</u>	-	-	<u>\$68.69</u>	-	-	<u>Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);</u>
<u>92523</u>	-	-	<u>\$144.51</u>	-	-	<u>Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)</u>
<u>92524</u>	-	-	<u>\$66.44</u>	-	-	<u>Behavioral and qualitative analysis of voice and resonance</u>
<u>92526</u>	-	-	<u>\$64.28</u>	-	-	<u>Treatment of swallowing dysfunction and/or oral function for feeding</u>
<u>92531</u>	-	-	<u>I.C.</u>	-	-	<u>Spontaneous nystagmus, including gaze</u>
<u>92532</u>	-	-	<u>I.C.</u>	-	-	<u>Positional nystagmus test</u>
<u>92533</u>	-	-	<u>I.C.</u>	-	-	<u>Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests)</u>
<u>92534</u>	-	-	<u>I.C.</u>	-	-	<u>Optokinetic nystagmus test</u>
<u>92537</u>	-	-	<u>\$30.14</u>	<u>\$23.53</u>	<u>\$6.61</u>	<u>Caloric vstblr test w/rec</u>
<u>92538</u>	-	-	<u>\$15.29</u>	<u>\$11.77</u>	<u>\$3.52</u>	<u>Caloric vstblr test w/rec</u>
<u>92540</u>	-	-	<u>\$76.11</u>	<u>\$58.83</u>	<u>\$17.27</u>	<u>Basic vestibular evaluation</u>
<u>92541</u>	-	-	<u>\$17.85</u>	<u>\$15.45</u>	<u>\$2.40</u>	<u>Spontaneous nystagmus</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>test</u>
<u>92542</u>	-	-	<u>\$20.62</u>	<u>\$18.50</u>	<u>\$2.12</u>	<u>Positional nystagmus test</u>
<u>92544</u>	-	-	<u>\$12.28</u>	<u>\$10.44</u>	<u>\$1.84</u>	<u>Optokinetic nystagmus test</u>
<u>92545</u>	-	-	<u>\$11.20</u>	<u>\$9.64</u>	<u>\$1.56</u>	<u>Oscillating tracking test</u>
<u>92546</u>	-	-	<u>\$80.58</u>	<u>\$10.95</u>	<u>\$69.63</u>	<u>Sinusoidal rotational test</u>
<u>92547</u>	-	-	<u>\$4.77</u>	-	-	<u>Use of vertical electrodes (List separately in addition to code for primary procedure)</u>
<u>92548</u>	-	-	<u>\$79.50</u>	<u>\$19.29</u>	<u>\$60.21</u>	<u>Posturography</u>
<u>92550</u>	-	-	<u>\$15.73</u>	-	-	<u>Tympanometry and reflex threshold measurements</u>
<u>92551</u>	-	-	<u>\$9.42</u>	-	-	<u>Screening test, pure tone, air only</u>
<u>92552</u>	-	-	<u>\$24.57</u>	-	-	<u>Pure tone audiometry (threshold); air only</u>
<u>92553</u>	-	-	<u>\$29.34</u>	-	-	<u>Pure tone audiometry (threshold); air and bone</u>
<u>92555</u>	-	-	<u>\$18.40</u>	-	-	<u>Speech audiometry threshold;</u>
<u>92556</u>	-	-	<u>\$29.34</u>	-	-	<u>Speech audiometry threshold; with speech recognition</u>
<u>92557</u>	<u>\$27.90</u>	<u>\$24.25</u>	-	-	-	<u>Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)</u>
<u>92558</u>	-	-	<u>I.C.</u>	-	-	<u>Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis</u>
<u>92559</u>	-	-	<u>I.C.</u>	-	-	<u>Audiometric testing of groups</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>92560</u>	-	-	<u>I.C.</u>	-	-	<u>Bekesy audiometry; screening</u>
<u>92561</u>	-	-	<u>\$29.78</u>	-	-	<u>Bekesy audiometry; diagnostic</u>
<u>92562</u>	-	-	<u>\$36.64</u>	-	-	<u>Loudness balance test, alternate binaural or monaural</u>
<u>92563</u>	-	-	<u>\$24.29</u>	-	-	<u>Tone decay test</u>
<u>92564</u>	-	-	<u>\$22.05</u>	-	-	<u>Short increment sensitivity index (SISI)</u>
<u>92565</u>	-	-	<u>\$12.50</u>	-	-	<u>Stenger test, pure tone</u>
<u>92567</u>	<u>\$10.89</u>	<u>\$8.08</u>	-	-	-	<u>Tympanometry (impedance testing)</u>
<u>92568</u>	<u>\$11.67</u>	<u>\$11.39</u>	-	-	-	<u>Acoustic reflex testing, threshold</u>
<u>92570</u>	<u>\$23.81</u>	<u>\$22.13</u>	-	-	-	<u>Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing</u>
<u>92571</u>	-	-	<u>\$21.48</u>	-	-	<u>Filtered speech test</u>
<u>92572</u>	-	-	<u>\$28.22</u>	-	-	<u>Staggered spondaic word test</u>
<u>92575</u>	-	-	<u>\$57.00</u>	-	-	<u>Sensorineural acuity level test</u>
<u>92576</u>	-	-	<u>\$28.22</u>	-	-	<u>Synthetic sentence identification test</u>
<u>92577</u>	-	-	<u>\$13.06</u>	-	-	<u>Stenger test, speech</u>
<u>92579</u>	<u>\$31.05</u>	<u>\$27.40</u>	-	-	-	<u>Visual reinforcement audiometry (VRA)</u>
<u>92582</u>	-	-	<u>\$53.35</u>	-	-	<u>Conditioning play audiometry</u>
<u>92583</u>	-	-	<u>\$41.41</u>	-	-	<u>Select picture audiometry</u>
<u>92584</u>	-	-	<u>\$57.84</u>	-	-	<u>Electrocochleography</u>
<u>92585</u>	-	-	<u>\$105.76</u>	<u>\$19.85</u>	<u>\$85.90</u>	<u>Auditor evoke potent compre</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>92586</u>	-	-	<u>\$67.38</u>	-	-	<u>Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited</u>
<u>92587</u>	-	-	<u>\$16.01</u>	<u>\$13.61</u>	<u>\$2.40</u>	<u>Evoked auditory test limited</u>
<u>92588</u>	-	-	<u>\$24.50</u>	<u>\$21.54</u>	<u>\$2.96</u>	<u>Evoked auditory test complete</u>
<u>92596</u>	-	-	<u>\$33.15</u>	-	-	<u>Ear protector attenuation measurements</u>
<u>92597</u>	-	-	<u>\$53.28</u>	-	-	<u>Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech</u>
<u>92601</u>	<u>\$104.85</u>	<u>\$88.02</u>	-	-	-	<u>Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming</u>
<u>92602</u>	<u>\$66.93</u>	<u>\$50.94</u>	-	-	-	<u>Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming</u>
<u>92603</u>	<u>\$113.34</u>	<u>\$90.60</u>	-	-	-	<u>Diagnostic analysis of cochlear implant, age 7 years or older; with programming</u>
<u>92604</u>	<u>\$67.31</u>	<u>\$50.19</u>	-	-	-	<u>Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming</u>
<u>92605</u>	<u>\$68.26</u>	<u>\$65.17</u>	-	-	-	<u>Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>92606</u>	<u>\$61.51</u>	<u>\$52.25</u>	-	-	-	<u>Therapeutic service(s) for the use of non-speech-generating device, including programming and modification</u>
<u>92607</u>	-	-	<u>\$94.64</u>	-	-	<u>Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour</u>
<u>92608</u>	-	-	<u>\$39.72</u>	-	-	<u>Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)</u>
<u>92609</u>	-	-	<u>\$83.25</u>	-	-	<u>Therapeutic services for the use of speech-generating device, including programming and modification</u>
<u>92610</u>	<u>\$63.69</u>	<u>\$53.87</u>	-	-	-	<u>Evaluation of oral and pharyngeal swallowing function</u>
<u>92611</u>	-	-	<u>\$64.62</u>	-	-	<u>Motion fluoroscopic evaluation of swallowing function by cine or video recording</u>
<u>92612</u>	<u>\$143.78</u>	<u>\$50.32</u>	-	-	-	<u>Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording;</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>92613</u>	-	-	<u>\$28.09</u>	-	-	<u>Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording; interpretation and report only</u>
<u>92614</u>	<u>\$111.78</u>	<u>\$50.04</u>	-	-	-	<u>Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording;</u>
<u>92615</u>	<u>\$24.89</u>	<u>\$24.61</u>	-	-	-	<u>Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only</u>
<u>92616</u>	<u>\$159.46</u>	<u>\$74.70</u>	-	-	-	<u>Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;</u>
<u>92617</u>	-	-	<u>\$30.83</u>	-	-	<u>Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only</u>
<u>92618</u>	<u>\$24.84</u>	<u>\$24.28</u>	-	-	-	<u>Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>92620</u>	<u>\$70.22</u>	<u>\$61.23</u>	-	-	-	<u>Evaluation of central auditory function, with report; initial 60 minutes</u>
<u>92621</u>	<u>\$16.70</u>	<u>\$14.17</u>	-	-	-	<u>Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)</u>
<u>92625</u>	<u>\$52.12</u>	<u>\$46.22</u>	-	-	-	<u>Assessment of tinnitus (includes pitch, loudness matching, and masking)</u>
<u>92626</u>	<u>\$66.94</u>	<u>\$56.55</u>	-	-	-	<u>Evaluation of auditory rehabilitation status; first hour</u>
<u>92627</u>	<u>\$16.74</u>	<u>\$13.38</u>	-	-	-	<u>Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)</u>
<u>92630</u>	-	-	<u>I.C.</u>	-	-	<u>Auditory rehabilitation; prelingual hearing loss</u>
<u>92633</u>	-	-	<u>I.C.</u>	-	-	<u>Auditory rehabilitation; postlingual hearing loss</u>
<u>92640</u>	<u>\$84.61</u>	<u>\$71.14</u>	-	-	-	<u>Diagnostic analysis with programming of auditory brainstem implant, per hour</u>
<u>92700</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted otorhinolaryngological service or procedure</u>
<u>92920</u>	-	-	<u>\$391.51</u>	-	-	<u>Percutaneous transluminal coronary angioplasty; single major coronary artery or branch</u>
<u>92921</u>	-	-	<u>I.C.</u>	-	-	<u>Percutaneous transluminal coronary angioplasty; each additional branch of a</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>major coronary artery</u> <u>(List separately in</u> <u>addition to code for</u> <u>primary procedure)</u>
<u>92924</u>	-	-	<u>\$464.99</u>	-	-	<u>Percutaneous</u> <u>transluminal coronary</u> <u>atherectomy, with</u> <u>coronary angioplasty</u> <u>when performed; single</u> <u>major coronary artery or</u> <u>branch</u>
<u>92925</u>	-	-	<u>I.C.</u>	-	-	<u>Percutaneous</u> <u>transluminal coronary</u> <u>atherectomy, with</u> <u>coronary angioplasty</u> <u>when performed; each</u> <u>additional branch of a</u> <u>major coronary artery</u> <u>(List separately in</u> <u>addition to code for</u> <u>primary procedure)</u>
<u>92928</u>	-	-	<u>\$434.51</u>	-	-	<u>Percutaneous</u> <u>transcatheter placement</u> <u>of intracoronary stent(s),</u> <u>with coronary</u> <u>angioplasty when</u> <u>performed; single major</u> <u>coronary artery or</u> <u>branch</u>
<u>92929</u>	-	-	<u>I.C.</u>	-	-	<u>Percutaneous</u> <u>transcatheter placement</u> <u>of intracoronary stent(s),</u> <u>with coronary</u> <u>angioplasty when</u> <u>performed; each</u> <u>additional branch of a</u> <u>major coronary artery</u> <u>(List separately in</u> <u>addition to code for</u> <u>primary procedure)</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>92933</u>	-	-	<u>\$486.02</u>	-	-	<u>Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch</u>
<u>92934</u>	-	-	<u>I.C.</u>	-	-	<u>Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)</u>
<u>92937</u>	-	-	<u>\$434.26</u>	-	-	<u>Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel</u>
<u>92938</u>	-	-	<u>I.C.</u>	-	-	<u>Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)</u>
<u>92941</u>	-	-	<u>\$486.97</u>	-	-	<u>Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel</u>
<u>92943</u>	-	-	<u>\$486.81</u>	-	-	<u>Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>92944</u>	-	-	<u>I.C.</u>	-	-	<u>Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)</u>
<u>92950</u>	<u>\$227.30</u>	<u>\$135.25</u>	-	-	-	<u>Cardiopulmonary resuscitation (eg, in cardiac arrest)</u>
<u>92953</u>	-	-	<u>\$8.17</u>	-	-	<u>Temporary transcutaneous pacing</u>
<u>92960</u>	<u>\$156.21</u>	<u>\$90.26</u>	-	-	-	<u>Cardioversion, elective, electrical conversion of arrhythmia; external</u>
<u>92961</u>	-	-	<u>\$188.05</u>	-	-	<u>Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)</u>
<u>92970</u>	-	-	<u>\$135.94</u>	-	-	<u>Cardioassist-method of circulatory assist; internal</u>
<u>92971</u>	-	-	<u>\$72.74</u>	-	-	<u>Cardioassist-method of circulatory assist; external</u>
<u>92973</u>	-	-	<u>\$127.08</u>	-	-	<u>Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>procedure)</u>
<u>92974</u>	-	-	<u>\$116.02</u>	-	-	<u>Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)</u>
<u>92975</u>	-	-	<u>\$280.08</u>	-	-	<u>Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography</u>
<u>92977</u>	-	-	<u>\$47.48</u>	-	-	<u>Thrombolysis, coronary; by intravenous infusion</u>
<u>92978</u>	-	-	-	<u>\$69.09</u>	-	<u>Intravasc us heart add-on</u>
<u>92979</u>	-	-	-	<u>\$55.13</u>	-	<u>Intravasc us heart add-on</u>
<u>92986</u>	-	-	<u>\$964.35</u>	-	-	<u>Percutaneous balloon valvuloplasty; aortic valve</u>
<u>92987</u>	-	-	<u>\$995.39</u>	-	-	<u>Percutaneous balloon valvuloplasty; mitral valve</u>
<u>92990</u>	-	-	<u>\$786.04</u>	-	-	<u>Percutaneous balloon valvuloplasty; pulmonary valve</u>
<u>92992</u>	-	-	<u>I.C.</u>	-	-	<u>Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)</u>
<u>92993</u>	-	-	<u>I.C.</u>	-	-	<u>Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>92997</u>	-	-	<u>\$470.15</u>	-	-	<u>Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel</u>
<u>92998</u>	-	-	<u>\$231.90</u>	-	-	<u>Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)</u>
<u>93000</u>	-	-	<u>\$12.80</u>	-	-	<u>Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report</u>
<u>93005</u>	-	-	<u>\$6.61</u>	-	-	<u>Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report</u>
<u>93010</u>	-	-	<u>\$6.19</u>	-	-	<u>Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only</u>
<u>93015</u>	-	-	<u>\$57.99</u>	-	-	<u>Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report</u>
<u>93016</u>	-	-	<u>\$16.32</u>	-	-	<u>Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report</u>
<u>93017</u>	-	-	<u>\$31.03</u>	-	-	<u>Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report</u>
<u>93018</u>	-	-	<u>\$10.64</u>	-	-	<u>Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only</u>
<u>93024</u>	-	-	<u>\$85.06</u>	<u>\$42.09</u>	<u>\$42.97</u>	<u>Cardiac drug stress test</u>
<u>93025</u>	-	-	<u>\$123.94</u>	<u>\$26.97</u>	<u>\$96.98</u>	<u>Microvolt t-wave assess</u>
<u>93040</u>	-	-	<u>\$9.48</u>	-	-	<u>Rhythm ECG, 1-3 leads; with interpretation and report</u>
<u>93041</u>	-	-	<u>\$4.36</u>	-	-	<u>Rhythm ECG, 1-3 leads; tracing only without interpretation and report</u>
<u>93042</u>	-	-	<u>\$5.12</u>	-	-	<u>Rhythm ECG, 1-3 leads; interpretation and report only</u>
<u>93050</u>	-	-	<u>\$13.08</u>	<u>\$6.19</u>	<u>\$6.89</u>	<u>Art pressure waveform analys</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>93224</u>	-	-	<u>\$70.35</u>	-	-	<u>External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional</u>
<u>93225</u>	-	-	<u>\$20.92</u>	-	-	<u>External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)</u>
<u>93226</u>	-	-	<u>\$29.90</u>	-	-	<u>External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report</u>
<u>93227</u>	-	-	<u>\$19.52</u>	-	-	<u>External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>93228</u>	-	-	<u>\$19.11</u>	-	-	<u>External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional</u>
<u>93229</u>	-	-	<u>\$574.55</u>	-	-	<u>External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional</u>
<u>93260</u>	-	-	<u>\$50.45</u>	<u>\$33.18</u>	<u>\$17.27</u>	<u>Prgrmg dev eval impltbl sys</u>
<u>93261</u>	-	-	<u>\$45.80</u>	<u>\$28.52</u>	<u>\$17.27</u>	<u>Interrogate subq defib</u>
<u>93268</u>	-	-	<u>\$160.71</u>	-	-	<u>External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional</u>
<u>93270</u>	-	-	<u>\$7.17</u>	-	-	<u>External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)</u>
<u>93271</u>	-	-	<u>\$134.86</u>	-	-	<u>External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis</u>
<u>93272</u>	-	-	<u>\$18.68</u>	-	-	<u>External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional</u>
<u>93278</u>	-	-	<u>\$22.99</u>	<u>\$9.08</u>	<u>\$13.91</u>	<u>Ecg/signal-averaged</u>
<u>93279</u>	-	-	<u>\$37.32</u>	<u>\$23.69</u>	<u>\$13.63</u>	<u>Pm device progr eval snl</u>
<u>93280</u>	-	-	<u>\$43.63</u>	<u>\$28.32</u>	<u>\$15.31</u>	<u>Pm device progr eval dual</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>93281</u>	-	-	<u>\$51.17</u>	<u>\$33.06</u>	<u>\$18.12</u>	<u>Pm device progr eval multi</u>
<u>93282</u>	-	-	<u>\$47.08</u>	<u>\$31.21</u>	<u>\$15.87</u>	<u>Prgrmg eval implantable dfb</u>
<u>93283</u>	-	-	<u>\$61.10</u>	<u>\$42.42</u>	<u>\$18.68</u>	<u>Prgrmg eval implantable dfb</u>
<u>93284</u>	-	-	<u>\$67.46</u>	<u>\$46.26</u>	<u>\$21.20</u>	<u>Prgrmg eval implantable dfb</u>
<u>93285</u>	-	-	<u>\$31.74</u>	<u>\$19.24</u>	<u>\$12.50</u>	<u>Ilr device eval progr</u>
<u>93286</u>	-	-	<u>\$20.62</u>	<u>\$11.21</u>	<u>\$9.42</u>	<u>Peri-px pacemaker device evl</u>
<u>93287</u>	-	-	<u>\$27.14</u>	<u>\$16.89</u>	<u>\$10.26</u>	<u>Peri-px device eval & prgr</u>
<u>93288</u>	-	-	<u>\$27.75</u>	<u>\$15.53</u>	<u>\$12.22</u>	<u>Pm device eval in person</u>
<u>93289</u>	-	-	<u>\$48.88</u>	<u>\$33.57</u>	<u>\$15.31</u>	<u>Interrog device eval heart</u>
<u>93290</u>	-	-	<u>\$23.26</u>	<u>\$15.81</u>	<u>\$7.45</u>	<u>Icm device eval</u>
<u>93291</u>	-	-	<u>\$27.19</u>	<u>\$15.81</u>	<u>\$11.38</u>	<u>Ilr device interrogate</u>
<u>93292</u>	-	-	<u>\$24.39</u>	<u>\$15.81</u>	<u>\$8.57</u>	<u>Wcd device interrogate</u>
<u>93293</u>	-	-	<u>\$41.06</u>	<u>\$11.44</u>	<u>\$29.62</u>	<u>Pm phone r-strip device eval</u>
<u>93294</u>	-	-	<u>\$24.84</u>	-	-	<u>Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional</u>
<u>93295</u>	-	-	<u>\$49.31</u>	-	-	<u>Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>93296</u>	-	-	<u>\$20.36</u>	-	-	<u>Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results</u>
<u>93297</u>	-	-	<u>\$19.40</u>	-	-	<u>Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional</u>
<u>93298</u>	-	-	<u>\$19.40</u>	-	-	<u>Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>93299</u>	-	-	<u>I.C.</u>	-	-	<u>Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results</u>
<u>93303</u>	-	-	<u>\$184.80</u>	<u>\$46.98</u>	<u>\$137.82</u>	<u>Echo transthoracic</u>
<u>93304</u>	-	-	<u>\$121.14</u>	<u>\$26.97</u>	<u>\$94.17</u>	<u>Echo transthoracic</u>
<u>93306</u>	-	-	<u>\$176.38</u>	<u>\$46.70</u>	<u>\$129.68</u>	<u>Tte w/doppler complete</u>
<u>93307</u>	-	-	<u>\$100.51</u>	<u>\$33.29</u>	<u>\$67.23</u>	<u>Tte w/o doppler complete</u>
<u>93308</u>	-	-	<u>\$97.11</u>	<u>\$18.93</u>	<u>\$78.17</u>	<u>Tte f-up or lmted</u>
<u>93312</u>	-	-	<u>\$234.58</u>	<u>\$89.03</u>	<u>\$145.56</u>	<u>Echo transesophageal</u>
<u>93313</u>	-	-	<u>\$16.21</u>	-	-	<u>Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only</u>
<u>93314</u>	-	-	<u>\$229.91</u>	<u>\$75.38</u>	<u>\$154.54</u>	<u>Echo transesophageal</u>
<u>93315</u>	-	-	-	<u>\$103.97</u>	-	<u>Echo transesophageal</u>
<u>93316</u>	-	-	<u>\$27.63</u>	-	-	<u>Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only</u>
<u>93317</u>	-	-	-	<u>\$76.55</u>	-	<u>Echo transesophageal</u>
<u>93318</u>	-	-	-	<u>\$84.87</u>	-	<u>Echo transesophageal intraop</u>
<u>93320</u>	-	-	<u>\$41.88</u>	<u>\$13.53</u>	<u>\$28.34</u>	<u>Doppler echo exam</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>heart</u>
<u>93321</u>	-	-	<u>\$21.12</u>	<u>\$5.40</u>	<u>\$15.72</u>	<u>Doppler echo exam</u> <u>heart</u>
<u>93325</u>	-	-	<u>\$20.03</u>	<u>\$2.35</u>	<u>\$17.68</u>	<u>Doppler color flow add-</u> <u>on</u>
<u>93350</u>	-	-	<u>\$186.37</u>	<u>\$52.48</u>	<u>\$133.89</u>	<u>Stress tte only</u>
<u>93351</u>	-	-	<u>\$209.26</u>	<u>\$62.59</u>	<u>\$146.68</u>	<u>Stress tte complete</u>
<u>93352</u>	-	-	<u>\$26.22</u>	-	-	<u>Use of</u> <u>echocardiographic</u> <u>contrast agent during</u> <u>stress echocardiography</u> <u>(List separately in</u> <u>addition to code for</u> <u>primary procedure)</u>
<u>93355</u>	-	-	<u>\$165.00</u>	-	-	<u>Echocardiography,</u> <u>transesophageal (TEE)</u> <u>for guidance of a</u> <u>transcatheter</u> <u>intracardiac or great</u> <u>vessel(s) structural</u> <u>intervention(s)</u> <u>(eg, TAVR,</u> <u>transcatheter</u> <u>pulmonary valve</u> <u>replacement, mitral</u> <u>valve repair,</u> <u>paravalvular</u> <u>regurgitation repair, left</u> <u>atrial appendage</u> <u>occlusion/closure,</u> <u>ventricular septal defect</u> <u>closure) (peri-and intra-</u> <u>procedural), real-time</u> <u>image acquisition and</u> <u>documentation,</u> <u>guidance with</u> <u>quantitative</u> <u>measurements, probe</u> <u>manipulation,</u> <u>interpretation, and</u> <u>report, including</u> <u>diagnostic</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D</u>
<u>93451</u>	-	-	<u>\$609.73</u>	<u>\$103.83</u>	<u>\$505.89</u>	<u>Right heart cath</u>
<u>93452</u>	-	-	<u>\$679.00</u>	<u>\$181.65</u>	<u>\$497.35</u>	<u>Left hrt cath w/ventriclgrphy</u>
<u>93453</u>	-	-	<u>\$874.85</u>	<u>\$239.55</u>	<u>\$635.30</u>	<u>R&l hrt cath w/ventriclgrphy</u>
<u>93454</u>	-	-	<u>\$688.81</u>	<u>\$183.60</u>	<u>\$505.21</u>	<u>Coronary artery angio s&i</u>
<u>93455</u>	-	-	<u>\$801.99</u>	<u>\$212.16</u>	<u>\$589.83</u>	<u>Coronary art/grft angio s&i</u>
<u>93456</u>	-	-	<u>\$862.41</u>	<u>\$235.54</u>	<u>\$626.88</u>	<u>R hrt coronary artery angio</u>
<u>93457</u>	-	-	<u>\$975.06</u>	<u>\$263.99</u>	<u>\$711.07</u>	<u>R hrt art/grft angio</u>
<u>93458</u>	-	-	<u>\$825.89</u>	<u>\$224.27</u>	<u>\$601.62</u>	<u>L hrt artery/ventricle angio</u>
<u>93459</u>	-	-	<u>\$911.97</u>	<u>\$252.82</u>	<u>\$659.15</u>	<u>L hrt art/grft angio</u>
<u>93460</u>	-	-	<u>\$977.01</u>	<u>\$281.66</u>	<u>\$695.35</u>	<u>R&l hrt art/ventricle angio</u>
<u>93461</u>	-	-	<u>\$1,118.69</u>	<u>\$310.65</u>	<u>\$808.04</u>	<u>R&l hrt art/ventricle angio</u>
<u>93462</u>	-	-	<u>\$150.42</u>	-	-	<u>Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>addition to code for primary procedure)</u>
<u>93463</u>	-	-	<u>\$72.32</u>	-	-	<u>Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)</u>
<u>93464</u>	-	-	<u>\$212.23</u>	<u>\$64.30</u>	<u>\$147.93</u>	<u>Exercise w/hemodynamic meas</u>
<u>93503</u>	-	-	<u>\$93.56</u>	-	-	<u>Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes</u>
<u>93505</u>	-	-	<u>\$585.58</u>	<u>\$167.24</u>	<u>\$418.33</u>	<u>Biopsy of heart lining</u>
<u>93530</u>	-	-	-	<u>\$159.64</u>	-	<u>Rt heart cath congenital</u>
<u>93531</u>	-	-	-	<u>\$313.01</u>	-	<u>R & l heart cath congenital</u>
<u>93532</u>	-	-	-	<u>\$382.85</u>	-	<u>R & l heart cath congenital</u>
<u>93533</u>	-	-	-	<u>\$255.59</u>	-	<u>R & l heart cath congenital</u>
<u>93561</u>	-	-	-	<u>\$18.63</u>	-	<u>Cardiac output measurement</u>
<u>93562</u>	-	-	-	<u>\$5.94</u>	-	<u>Card output measure subseq</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>93563</u>	-	-	<u>\$42.35</u>	-	-	<u>Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)</u>
<u>93564</u>	-	-	<u>\$43.92</u>	-	-	<u>Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>93565</u>	-	-	<u>\$33.08</u>	-	-	<u>Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)</u>
<u>93566</u>	<u>\$131.90</u>	<u>\$33.11</u>	-	-	-	<u>Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)</u>
<u>93567</u>	<u>\$107.40</u>	<u>\$37.52</u>	-	-	-	<u>Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supraaortic aortography (List separately in addition to code for primary procedure)</u>
<u>93568</u>	<u>\$117.82</u>	<u>\$33.91</u>	-	-	-	<u>Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>93571</u>	-	-	-	<u>\$68.81</u>	-	<u>Heart flow reserve measure</u>
<u>93572</u>	-	-	-	<u>\$55.13</u>	-	<u>Heart flow reserve measure</u>
<u>93580</u>	-	-	<u>\$703.41</u>	-	-	<u>Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant</u>
<u>93581</u>	-	-	<u>\$955.18</u>	-	-	<u>Percutaneous transcatheter closure of a congenital ventricular septal defect with implant</u>
<u>93582</u>	-	-	<u>\$479.84</u>	-	-	<u>Percutaneous transcatheter closure of patent ductus arteriosus</u>
<u>93583</u>	-	-	<u>\$542.61</u>	-	-	<u>Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed</u>
<u>93600</u>	-	-	-	<u>\$85.39</u>	-	<u>Bundle of his recording</u>
<u>93602</u>	-	-	-	<u>\$83.55</u>	-	<u>Intra-atrial recording</u>
<u>93603</u>	-	-	-	<u>\$83.55</u>	-	<u>Right ventricular recording</u>
<u>93609</u>	-	-	-	<u>\$199.89</u>	-	<u>Map tachycardia add-on</u>
<u>93610</u>	-	-	-	<u>\$118.65</u>	-	<u>Intra-atrial pacing</u>
<u>93612</u>	-	-	-	<u>\$117.66</u>	-	<u>Intraventricular pacing</u>
<u>93613</u>	-	-	<u>\$286.12</u>	-	-	<u>Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)</u>
<u>93615</u>	-	-	-	<u>\$38.88</u>	-	<u>Esophageal recording</u>
<u>93616</u>	-	-	-	<u>\$46.82</u>	-	<u>Esophageal recording</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>93618</u>	-	-	-	<u>\$170.75</u>	-	<u>Heart rhythm pacing</u>
<u>93619</u>	-	-	-	<u>\$291.30</u>	-	<u>Electrophysiology evaluation</u>
<u>93620</u>	-	-	-	<u>\$462.30</u>	-	<u>Electrophysiology evaluation</u>
<u>93621</u>	-	-	-	<u>\$84.31</u>	-	<u>Electrophysiology evaluation</u>
<u>93622</u>	-	-	-	<u>\$123.13</u>	-	<u>Electrophysiology evaluation</u>
<u>93623</u>	-	-	-	<u>\$114.55</u>	-	<u>Stimulation pacing heart</u>
<u>93624</u>	-	-	-	<u>\$188.94</u>	-	<u>Electrophysiologic study</u>
<u>93631</u>	-	-	-	<u>\$285.15</u>	-	<u>Heart pacing mapping</u>
<u>93640</u>	-	-	-	<u>\$138.40</u>	-	<u>Evaluation heart device</u>
<u>93641</u>	-	-	-	<u>\$235.63</u>	-	<u>Electrophysiology evaluation</u>
<u>93642</u>	-	-	<u>\$315.68</u>	<u>\$195.51</u>	<u>\$120.17</u>	<u>Electrophysiology evaluation</u>
<u>93644</u>	-	-	<u>\$211.56</u>	<u>\$128.46</u>	<u>\$83.10</u>	<u>Electrophysiology evaluation</u>
<u>93650</u>	-	-	<u>\$434.92</u>	-	-	<u>Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>93653</u>	-	-	<u>\$610.51</u>	-	-	<u>Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>93654</u>	-	-	<u>\$813.13</u>	-	-	<u>Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed</u>
<u>93655</u>	-	-	<u>\$305.25</u>	-	-	<u>Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>code for primary procedure)</u>
<u>93656</u>	-	-	<u>\$813.65</u>	-	-	<u>Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation</u>
<u>93657</u>	-	-	<u>\$305.13</u>	-	-	<u>Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)</u>
<u>93660</u>	-	-	<u>\$119.40</u>	<u>\$69.41</u>	<u>\$49.98</u>	<u>Tilt table evaluation</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>93662</u>	-	-	-	<u>\$105.53</u>	-	<u>Intracardiac ecg (ice)</u>
<u>93668</u>	-	-	<u>\$15.03</u>	-	-	<u>Peripheral arterial disease (PAD) rehabilitation, per session</u>
<u>93701</u>	-	-	<u>\$18.96</u>	-	-	<u>Bioimpedance-derived physiologic cardiovascular analysis</u>
<u>93702</u>	-	-	<u>\$85.47</u>	-	-	<u>Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)</u>
<u>93724</u>	-	-	<u>\$200.61</u>	<u>\$178.56</u>	<u>\$22.05</u>	<u>Analyze pacemaker system</u>
<u>93740</u>	-	-	<u>\$5.94</u>	-	-	<u>Temperature gradient studies</u>
<u>93745</u>	-	-	<u>I.C.</u>	-	-	<u>Set-up cardiovert-defibrill</u>
<u>93750</u>	<u>\$40.83</u>	<u>\$33.53</u>	-	-	-	<u>Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report</u>
<u>93770</u>	-	-	<u>\$5.94</u>	-	-	<u>Determination of venous pressure</u>
<u>93784</u>	-	-	<u>\$41.35</u>	-	-	<u>Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer;</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>including recording, scanning analysis, interpretation and report</u>
<u>93786</u>	-	-	<u>\$23.45</u>	-	-	<u>Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only</u>
<u>93788</u>	-	-	<u>\$4.08</u>	-	-	<u>Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report</u>
<u>93790</u>	-	-	<u>\$13.82</u>	-	-	<u>Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; review with interpretation and report</u>
<u>93797</u>	<u>\$12.34</u>	<u>\$6.45</u>	-	-	-	<u>Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)</u>
<u>93798</u>	<u>\$18.99</u>	<u>\$10.29</u>	-	-	-	<u>Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>93799</u>	-	-	<u>I.C.</u>	-	-	<u>Cardiovascular procedure</u>
<u>93880</u>	-	-	<u>\$149.01</u>	<u>\$29.15</u>	<u>\$119.86</u>	<u>Extracranial bilat study</u>
<u>93882</u>	-	-	<u>\$101.04</u>	<u>\$18.10</u>	<u>\$82.94</u>	<u>Extracranial uni/ltd study</u>
<u>93886</u>	-	-	<u>\$154.48</u>	<u>\$34.77</u>	<u>\$119.71</u>	<u>Intracranial complete study</u>
<u>93888</u>	-	-	<u>\$116.01</u>	<u>\$18.76</u>	<u>\$97.26</u>	<u>Intracranial limited study</u>
<u>93890</u>	-	-	<u>\$158.03</u>	<u>\$38.05</u>	<u>\$119.99</u>	<u>Tcd vasoreactivity study</u>
<u>93892</u>	-	-	<u>\$116.63</u>	<u>\$44.63</u>	<u>\$72.00</u>	<u>Tcd emboli detect w/o inj</u>
<u>93893</u>	-	-	<u>\$115.88</u>	<u>\$43.88</u>	<u>\$72.00</u>	<u>Tcd emboli detect w/inj</u>
<u>93895</u>	-	-	<u>I.C.</u>	-	-	<u>Carotid intima atheroma eval</u>
<u>93922</u>	-	-	<u>\$69.89</u>	<u>\$9.11</u>	<u>\$60.77</u>	<u>Upr/l xtremity art 2 levels</u>
<u>93923</u>	-	-	<u>\$108.59</u>	<u>\$16.23</u>	<u>\$92.36</u>	<u>Upr/lxtr art stdy 3+ lvls</u>
<u>93924</u>	-	-	<u>\$136.53</u>	<u>\$18.07</u>	<u>\$118.46</u>	<u>Lwr xtr vasc stdy bilat</u>
<u>93925</u>	-	-	<u>\$148.42</u>	<u>\$28.72</u>	<u>\$119.71</u>	<u>Lower extremity study</u>
<u>93926</u>	-	-	<u>\$120.25</u>	<u>\$17.51</u>	<u>\$102.74</u>	<u>Lower extremity study</u>
<u>93930</u>	-	-	<u>\$148.89</u>	<u>\$29.03</u>	<u>\$119.86</u>	<u>Upper extremity study</u>
<u>93931</u>	-	-	<u>\$101.30</u>	<u>\$18.07</u>	<u>\$83.22</u>	<u>Upper extremity study</u>
<u>93965</u>	-	-	<u>\$94.34</u>	<u>\$12.80</u>	<u>\$81.54</u>	<u>Extremity study</u>
<u>93970</u>	-	-	<u>\$145.17</u>	<u>\$25.31</u>	<u>\$119.86</u>	<u>Extremity study</u>
<u>93971</u>	-	-	<u>\$94.53</u>	<u>\$16.35</u>	<u>\$78.17</u>	<u>Extremity study</u>
<u>93975</u>	-	-	<u>\$161.91</u>	<u>\$42.20</u>	<u>\$119.71</u>	<u>Vascular study</u>
<u>93976</u>	-	-	<u>\$127.50</u>	<u>\$29.40</u>	<u>\$98.10</u>	<u>Vascular study</u>
<u>93978</u>	-	-	<u>\$148.76</u>	<u>\$28.90</u>	<u>\$119.86</u>	<u>Vascular study</u>
<u>93979</u>	-	-	<u>\$93.87</u>	<u>\$17.95</u>	<u>\$75.93</u>	<u>Vascular study</u>
<u>93980</u>	-	-	<u>\$92.16</u>	<u>\$45.14</u>	<u>\$47.02</u>	<u>Penile vascular study</u>
<u>93981</u>	-	-	<u>\$56.54</u>	<u>\$15.97</u>	<u>\$40.57</u>	<u>Penile vascular study</u>
<u>93982</u>	-	-	<u>\$33.00</u>	-	-	<u>Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>waveform tracings, interpretation and report</u>
<u>93990</u>	-	-	<u>\$89.41</u>	<u>\$17.70</u>	<u>\$71.72</u>	<u>Doppler flow testing</u>
<u>93998</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted noninvasive vascular diagnostic study</u>
<u>94002</u>	-	-	<u>\$67.20</u>	-	-	<u>Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day</u>
<u>94003</u>	-	-	<u>\$48.58</u>	-	-	<u>Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day</u>
<u>94004</u>	-	-	<u>\$35.68</u>	-	-	<u>Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day</u>
<u>94005</u>	-	-	<u>\$68.72</u>	-	-	<u>Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living) requiring review of status, review of laboratories and other studies and revision of</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>orders and respiratory care plan (as appropriate), within a calendar month, 30 minutes or more</u>
<u>94010</u>	-	-	<u>\$27.96</u>	<u>\$6.19</u>	<u>\$21.76</u>	<u>Breathing capacity test</u>
<u>94011</u>	-	-	<u>\$75.13</u>	-	-	<u>Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age</u>
<u>94012</u>	-	-	<u>\$115.27</u>	-	-	<u>Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age</u>
<u>94013</u>	-	-	<u>\$24.50</u>	-	-	<u>Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child through 2 years of age</u>
<u>94014</u>	-	-	<u>\$42.97</u>	-	-	<u>Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>94015</u>	-	-	<u>\$24.29</u>	-	-	<u>Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)</u>
<u>94016</u>	-	-	<u>\$18.68</u>	-	-	<u>Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional</u>
<u>94060</u>	-	-	<u>\$47.36</u>	<u>\$9.60</u>	<u>\$37.76</u>	<u>Evaluation of wheezing</u>
<u>94070</u>	-	-	<u>\$45.45</u>	<u>\$21.16</u>	<u>\$24.29</u>	<u>Evaluation of wheezing</u>
<u>94150</u>	-	-	<u>\$19.50</u>	<u>\$2.79</u>	<u>\$16.71</u>	<u>Vital capacity test</u>
<u>94200</u>	-	-	<u>\$19.40</u>	<u>\$4.09</u>	<u>\$15.31</u>	<u>Lung function test (mbc/mvv)</u>
<u>94250</u>	-	-	<u>\$20.25</u>	<u>\$3.81</u>	<u>\$16.43</u>	<u>Expired gas collection</u>
<u>94375</u>	-	-	<u>\$30.14</u>	<u>\$10.90</u>	<u>\$19.24</u>	<u>Respiratory flow volume loop</u>
<u>94400</u>	-	-	<u>\$42.98</u>	<u>\$14.48</u>	<u>\$28.50</u>	<u>Co2 breathing response curve</u>
<u>94450</u>	-	-	<u>\$52.81</u>	<u>\$14.76</u>	<u>\$38.04</u>	<u>Hypoxia response curve</u>
<u>94452</u>	-	-	<u>\$44.73</u>	<u>\$10.62</u>	<u>\$34.11</u>	<u>Hast w/report</u>
<u>94453</u>	-	-	<u>\$62.07</u>	<u>\$13.92</u>	<u>\$48.14</u>	<u>Hast w/oxygen titrate</u>
<u>94610</u>	-	-	<u>\$43.70</u>	-	-	<u>Intrapulmonary surfactant administration by a physician or other qualified health care professional through endotracheal tube</u>
<u>94620</u>	-	-	<u>\$42.55</u>	<u>\$22.47</u>	<u>\$20.08</u>	<u>Pulmonary stress test/simple</u>
<u>94621</u>	-	-	<u>\$125.17</u>	<u>\$50.77</u>	<u>\$74.40</u>	<u>Pulm stress test/complex</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>94640</u>	-	-	<u>\$14.47</u>	-	-	<u>Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device</u>
<u>94642</u>	-	-	<u>I.C.</u>	-	-	<u>Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis</u>
<u>94644</u>	-	-	<u>\$34.67</u>	-	-	<u>Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour</u>
<u>94645</u>	-	-	<u>\$11.10</u>	-	-	<u>Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure)</u>
<u>94660</u>	<u>\$47.62</u>	<u>\$27.69</u>	-	-	-	<u>Continuous positive airway pressure ventilation (CPAP), initiation and management</u>
<u>94662</u>	-	-	<u>\$27.00</u>	-	-	<u>Continuous negative pressure ventilation (CNP), initiation and management</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>94664</u>	-	-	<u>\$13.63</u>	-	-	<u>Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device</u>
<u>94667</u>	-	-	<u>\$20.52</u>	-	-	<u>Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation</u>
<u>94668</u>	-	-	<u>\$22.76</u>	-	-	<u>Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent</u>
<u>94669</u>	-	-	<u>\$25.85</u>	-	-	<u>Mechanical chest wall oscillation to facilitate lung function, per session</u>
<u>94680</u>	-	-	<u>\$44.57</u>	<u>\$9.34</u>	<u>\$35.23</u>	<u>Exhaled air analysis o2</u>
<u>94681</u>	-	-	<u>\$41.07</u>	<u>\$7.24</u>	<u>\$33.83</u>	<u>Exhaled air analysis o2/co2</u>
<u>94690</u>	-	-	<u>\$39.15</u>	<u>\$2.79</u>	<u>\$36.36</u>	<u>Exhaled air analysis</u>
<u>94726</u>	-	-	<u>\$40.93</u>	<u>\$9.06</u>	<u>\$31.87</u>	<u>Pulm funct tst plethysmograph</u>
<u>94727</u>	-	-	<u>\$32.51</u>	<u>\$9.06</u>	<u>\$23.45</u>	<u>Pulm function test by gas</u>
<u>94728</u>	-	-	<u>\$31.10</u>	<u>\$9.34</u>	<u>\$21.76</u>	<u>Pulm funct test oscillometry</u>
<u>94729</u>	-	-	<u>\$42.50</u>	<u>\$6.70</u>	<u>\$35.80</u>	<u>Co/membrane diffuse capacity</u>
<u>94750</u>	-	-	<u>\$63.17</u>	<u>\$8.29</u>	<u>\$54.88</u>	<u>Pulmonary compliance study</u>
<u>94760</u>	-	-	<u>\$2.40</u>	-	-	<u>Noninvasive ear or pulse oximetry for oxygen saturation; single determination</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>94761</u>	-	-	<u>\$3.80</u>	-	-	<u>Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)</u>
<u>94762</u>	-	-	<u>\$19.24</u>	-	-	<u>Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)</u>
<u>94770</u>	-	-	<u>\$5.40</u>	-	-	<u>Carbon dioxide, expired gas determination by infrared analyzer</u>
<u>94772</u>	-	-	<u>I.C.</u>	-	-	<u>Breath recording infant</u>
<u>94774</u>	-	-	<u>I.C.</u>	-	-	<u>Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; includes monitor attachment, download of data, review, interpretation, and preparation of a report by a physician or other qualified health care professional</u>
<u>94775</u>	-	-	<u>I.C.</u>	-	-	<u>Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitor attachment only (includes hook-up, initiation of recording and disconnection)</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>94776</u>	-	-	<u>I.C.</u>	-	-	<u>Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitoring, download of information, receipt of transmission(s) and analyses by computer only</u>
<u>94777</u>	-	-	<u>I.C.</u>	-	-	<u>Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; review, interpretation and preparation of report only by a physician or other qualified health care professional</u>
<u>94780</u>	<u>\$42.94</u>	<u>\$16.56</u>	-	-	-	<u>Car seat/bed testing for airway integrity, neonate, with continual nursing observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; 60 minutes</u>
<u>94781</u>	<u>\$17.70</u>	<u>\$6.19</u>	-	-	-	<u>Car seat/bed testing for airway integrity, neonate, with continual nursing observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; each additional full 30 minutes (List separately in addition to</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>code for primary procedure)</u>
<u>94799</u>	-	-	<u>I.C.</u>	-	-	<u>Pulmonary service/procedure</u>
<u>95004</u>	-	-	<u>\$5.18</u>	-	-	<u>Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests</u>
<u>95012</u>	-	-	<u>\$15.03</u>	-	-	<u>Nitric oxide expired gas determination</u>
<u>95017</u>	<u>\$5.88</u>	<u>\$2.51</u>	-	-	-	<u>Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests</u>
<u>95018</u>	<u>\$15.81</u>	<u>\$5.14</u>	-	-	-	<u>Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>95024</u>	<u>\$6.02</u>	<u>\$0.69</u>	-	-	-	<u>Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests</u>
<u>95027</u>	-	-	<u>\$3.50</u>	-	-	<u>Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests</u>
<u>95028</u>	-	-	<u>\$10.54</u>	-	-	<u>Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests</u>
<u>95044</u>	-	-	<u>\$4.36</u>	-	-	<u>Patch or application test(s) (specify number of tests)</u>
<u>95052</u>	-	-	<u>\$5.21</u>	-	-	<u>Photo patch test(s) (specify number of tests)</u>
<u>95056</u>	-	-	<u>\$34.83</u>	-	-	<u>Photo tests</u>
<u>95060</u>	-	-	<u>\$27.66</u>	-	-	<u>Ophthalmic mucous membrane tests</u>
<u>95065</u>	-	-	<u>\$20.08</u>	-	-	<u>Direct nasal mucous membrane test</u>
<u>95070</u>	-	-	<u>\$23.88</u>	-	-	<u>Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>95071</u>	-	-	<u>\$27.53</u>	-	-	<u>Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases, specify</u>
<u>95076</u>	<u>\$87.90</u>	<u>\$53.94</u>	-	-	-	<u>Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing</u>
<u>95079</u>	<u>\$61.65</u>	<u>\$49.31</u>	-	-	-	<u>Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); each additional 60 minutes of testing (List separately in addition to code for primary procedure)</u>
<u>95115</u>	-	-	<u>\$6.89</u>	-	-	<u>Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection</u>
<u>95117</u>	-	-	<u>\$8.01</u>	-	-	<u>Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections</u>
<u>95120</u>	-	-	<u>I.C.</u>	-	-	<u>Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single injection</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>95125</u>	-	-	<u>I.C.</u>	-	-	<u>Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 or more injections</u>
<u>95130</u>	-	-	<u>I.C.</u>	-	-	<u>Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single stinging insect venom</u>
<u>95131</u>	-	-	<u>I.C.</u>	-	-	<u>Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 stinging insect venoms</u>
<u>95132</u>	-	-	<u>I.C.</u>	-	-	<u>Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 3 stinging insect venoms</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>95133</u>	-	-	<u>I.C.</u>	-	-	<u>Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 4 stinging insect venoms</u>
<u>95134</u>	-	-	<u>I.C.</u>	-	-	<u>Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 5 stinging insect venoms</u>
<u>95144</u>	<u>\$9.55</u>	<u>\$2.25</u>	-	-	-	<u>Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)</u>
<u>95145</u>	<u>\$16.85</u>	<u>\$2.25</u>	-	-	-	<u>Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom</u>
<u>95146</u>	<u>\$30.60</u>	<u>\$2.25</u>	-	-	-	<u>Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>doses); 2 single stinging insect venoms</u>
<u>95147</u>	<u>\$27.51</u>	<u>\$2.25</u>	-	-	-	<u>Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms</u>
<u>95148</u>	<u>\$40.98</u>	<u>\$2.25</u>	-	-	-	<u>Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms</u>
<u>95149</u>	<u>\$55.29</u>	<u>\$2.25</u>	-	-	-	<u>Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms</u>
<u>95165</u>	<u>\$9.83</u>	<u>\$2.25</u>	-	-	-	<u>Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)</u>
<u>95170</u>	<u>\$7.30</u>	<u>\$2.25</u>	-	-	-	<u>Professional services for the supervision of preparation and provision of antigens for allergen</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses)</u>
<u>95180</u>	<u>\$100.14</u>	<u>\$74.61</u>	-	-	-	<u>Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)</u>
<u>95199</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted allergy/clinical immunologic service or procedure</u>
<u>95250</u>	-	-	<u>\$124.66</u>	-	-	<u>Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording</u>
<u>95251</u>	-	-	<u>\$31.81</u>	-	-	<u>Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report</u>
<u>95782</u>	-	-	<u>\$804.95</u>	<u>\$93.14</u>	<u>\$711.81</u>	<u>Polysom <6 yrs 4/> paramtrs</u>
<u>95783</u>	-	-	<u>\$843.93</u>	<u>\$103.34</u>	<u>\$740.59</u>	<u>Polysom <6 yrs cpap/bilvl</u>
<u>95800</u>	-	-	<u>\$138.24</u>	<u>\$38.17</u>	<u>\$100.06</u>	<u>Slp stdy unattended</u>
<u>95801</u>	-	-	<u>\$68.64</u>	<u>\$36.21</u>	<u>\$32.43</u>	<u>Slp stdy unatnd w/anal</u>
<u>95803</u>	-	-	<u>\$109.42</u>	<u>\$32.09</u>	<u>\$77.33</u>	<u>Actigraphy testing</u>
<u>95805</u>	-	-	<u>\$334.84</u>	<u>\$43.57</u>	<u>\$291.27</u>	<u>Multiple sleep latency test</u>
<u>95806</u>	-	-	<u>\$129.76</u>	<u>\$44.85</u>	<u>\$84.91</u>	<u>Sleep study unatt&resp efft</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>95807</u>	-	-	<u>\$374.93</u>	<u>\$45.78</u>	<u>\$329.15</u>	<u>Sleep study attended</u>
<u>95808</u>	-	-	<u>\$494.38</u>	<u>\$64.89</u>	<u>\$429.49</u>	<u>Polysom any age 1-3></u> <u>param</u>
<u>95810</u>	-	-	<u>\$486.12</u>	<u>\$89.58</u>	<u>\$396.53</u>	<u>Polysom 6/> yrs 4/></u> <u>param</u>
<u>95811</u>	-	-	<u>\$510.88</u>	<u>\$93.14</u>	<u>\$417.74</u>	<u>Polysom 6/>yrs cpap</u> <u>4/> parm</u>
<u>95812</u>	-	-	<u>\$272.93</u>	<u>\$42.62</u>	<u>\$230.31</u>	<u>Eeg 41-60 minutes</u>
<u>95813</u>	-	-	<u>\$329.61</u>	<u>\$68.15</u>	<u>\$261.46</u>	<u>Eeg over 1 hour</u>
<u>95816</u>	-	-	<u>\$283.59</u>	<u>\$42.62</u>	<u>\$240.97</u>	<u>Eeg awake and drowsy</u>
<u>95819</u>	-	-	<u>\$324.72</u>	<u>\$42.62</u>	<u>\$282.10</u>	<u>Eeg awake and asleep</u>
<u>95822</u>	-	-	<u>\$292.29</u>	<u>\$42.62</u>	<u>\$249.67</u>	<u>Eeg coma or sleep only</u>
<u>95824</u>	-	-	-	<u>\$29.11</u>	-	<u>Eeg cerebral death only</u>
<u>95827</u>	-	-	<u>\$548.92</u>	<u>\$42.34</u>	<u>\$506.57</u>	<u>Eeg all night recording</u>
<u>95829</u>	-	-	<u>\$1,471.90</u>	<u>\$247.39</u>	<u>\$1,224.51</u>	<u>Surgery</u> <u>electrocorticogram</u>
<u>95830</u>	<u>\$189.12</u>	<u>\$67.60</u>	-	-	-	<u>Insertion by physician or</u> <u>other qualified health</u> <u>care professional of</u> <u>sphenoidal electrodes</u> <u>for</u> <u>electroencephalographic</u> <u>(EEG) recording</u>
<u>95831</u>	<u>\$23.07</u>	<u>\$11.00</u>	-	-	-	<u>Muscle testing, manual</u> <u>(separate procedure)</u> <u>with report; extremity</u> <u>(excluding hand) or</u> <u>trunk</u>
<u>95832</u>	<u>\$22.08</u>	<u>\$11.42</u>	-	-	-	<u>Muscle testing, manual</u> <u>(separate procedure)</u> <u>with report; hand, with</u> <u>or without comparison</u> <u>with normal side</u>
<u>95833</u>	<u>\$28.06</u>	<u>\$15.71</u>	-	-	-	<u>Muscle testing, manual</u> <u>(separate procedure)</u> <u>with report; total</u> <u>evaluation of body,</u> <u>excluding hands</u>
<u>95834</u>	<u>\$38.72</u>	<u>\$23.00</u>	-	-	-	<u>Muscle testing, manual</u> <u>(separate procedure)</u> <u>with report; total</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>evaluation of body, including hands</u>
<u>95851</u>	<u>\$14.08</u>	<u>\$5.66</u>	-	-	-	<u>Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)</u>
<u>95852</u>	<u>\$12.51</u>	<u>\$4.38</u>	-	-	-	<u>Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side</u>
<u>95857</u>	<u>\$41.14</u>	<u>\$21.77</u>	-	-	-	<u>Cholinesterase inhibitor challenge test for myasthenia gravis</u>
<u>95860</u>	-	-	<u>\$93.84</u>	<u>\$38.40</u>	<u>\$55.44</u>	<u>Muscle test one limb</u>
<u>95861</u>	-	-	<u>\$131.08</u>	<u>\$61.32</u>	<u>\$69.75</u>	<u>Muscle test 2 limbs</u>
<u>95863</u>	-	-	<u>\$163.10</u>	<u>\$73.98</u>	<u>\$89.12</u>	<u>Muscle test 3 limbs</u>
<u>95864</u>	-	-	<u>\$184.07</u>	<u>\$79.80</u>	<u>\$104.27</u>	<u>Muscle test 4 limbs</u>
<u>95865</u>	-	-	<u>\$109.14</u>	<u>\$62.40</u>	<u>\$46.74</u>	<u>Muscle test larynx</u>
<u>95866</u>	-	-	<u>\$102.26</u>	<u>\$49.91</u>	<u>\$52.35</u>	<u>Muscle test hemidiaphragm</u>
<u>95867</u>	-	-	<u>\$72.36</u>	<u>\$30.96</u>	<u>\$41.41</u>	<u>Muscle test cran nerv unilat</u>
<u>95868</u>	-	-	<u>\$101.34</u>	<u>\$46.74</u>	<u>\$54.60</u>	<u>Muscle test cran nerve bilat</u>
<u>95869</u>	-	-	<u>\$72.52</u>	<u>\$14.84</u>	<u>\$57.69</u>	<u>Muscle test thor paraspinal</u>
<u>95870</u>	-	-	<u>\$72.52</u>	<u>\$14.56</u>	<u>\$57.97</u>	<u>Muscle test nonparaspinal</u>
<u>95872</u>	-	-	<u>\$146.55</u>	<u>\$113.56</u>	<u>\$32.99</u>	<u>Muscle test one fiber</u>
<u>95873</u>	-	-	<u>\$57.34</u>	<u>\$14.96</u>	<u>\$42.38</u>	<u>Guide nerv destr elec stim</u>
<u>95874</u>	-	-	<u>\$56.93</u>	<u>\$14.84</u>	<u>\$42.10</u>	<u>Guide nerv destr needle emg</u>
<u>95875</u>	-	-	<u>\$95.36</u>	<u>\$43.57</u>	<u>\$51.79</u>	<u>Limb exercise test</u>
<u>95885</u>	-	-	<u>\$45.48</u>	<u>\$14.04</u>	<u>\$31.43</u>	<u>Musc tst done w/nerv tst</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>lim</u>
<u>95886</u>	-	-	<u>\$69.79</u>	<u>\$34.43</u>	<u>\$35.36</u>	<u>Musc test done w/n test comp</u>
<u>95887</u>	-	-	<u>\$62.02</u>	<u>\$28.06</u>	<u>\$33.96</u>	<u>Musc tst done w/n tst nonext</u>
<u>95905</u>	-	-	<u>\$55.19</u>	<u>\$2.00</u>	<u>\$53.20</u>	<u>Motor &/ sens nrve cndj test</u>
<u>95907</u>	-	-	<u>\$72.57</u>	<u>\$39.58</u>	<u>\$32.99</u>	<u>Nvr cndj tst 1-2 studies</u>
<u>95908</u>	-	-	<u>\$90.07</u>	<u>\$49.50</u>	<u>\$40.57</u>	<u>Nrv cndj tst 3-4 studies</u>
<u>95909</u>	-	-	<u>\$109.81</u>	<u>\$59.43</u>	<u>\$50.39</u>	<u>Nrv cndj tst 5-6 studies</u>
<u>95910</u>	-	-	<u>\$146.38</u>	<u>\$79.43</u>	<u>\$66.95</u>	<u>Nrv cndj test 7-8 studies</u>
<u>95911</u>	-	-	<u>\$176.61</u>	<u>\$99.28</u>	<u>\$77.33</u>	<u>Nrv cndj test 9-10 studies</u>
<u>95912</u>	-	-	<u>\$196.90</u>	<u>\$117.60</u>	<u>\$79.29</u>	<u>Nrv cndj test 11-12 studies</u>
<u>95913</u>	-	-	<u>\$224.90</u>	<u>\$139.15</u>	<u>\$85.75</u>	<u>Nrv cndj test 13/> studies</u>
<u>95921</u>	-	-	<u>\$65.64</u>	<u>\$33.49</u>	<u>\$32.15</u>	<u>Autonomic nrv parasym inervj</u>
<u>95922</u>	-	-	<u>\$77.00</u>	<u>\$35.87</u>	<u>\$41.13</u>	<u>Autonomic nrv adrenrg inervj</u>
<u>95923</u>	-	-	<u>\$127.13</u>	<u>\$34.08</u>	<u>\$93.05</u>	<u>Autonomic nrv syst funj test</u>
<u>95924</u>	-	-	<u>\$112.40</u>	<u>\$65.66</u>	<u>\$46.74</u>	<u>Ans parasymp & symp w/tilt</u>
<u>95925</u>	-	-	<u>\$121.53</u>	<u>\$20.75</u>	<u>\$100.78</u>	<u>Somatosensory testing</u>
<u>95926</u>	-	-	<u>\$107.22</u>	<u>\$20.19</u>	<u>\$87.03</u>	<u>Somatosensory testing</u>
<u>95927</u>	-	-	<u>\$110.74</u>	<u>\$20.19</u>	<u>\$90.55</u>	<u>Somatosensory testing</u>
<u>95928</u>	-	-	<u>\$173.39</u>	<u>\$59.30</u>	<u>\$114.09</u>	<u>C motor evoked uppr limbs</u>
<u>95929</u>	-	-	<u>\$174.55</u>	<u>\$59.61</u>	<u>\$114.94</u>	<u>C motor evoked lwr limbs</u>
<u>95930</u>	-	-	<u>\$101.48</u>	<u>\$13.89</u>	<u>\$87.59</u>	<u>Visual evoked potential test</u>
<u>95933</u>	-	-	<u>\$57.55</u>	<u>\$23.15</u>	<u>\$34.39</u>	<u>Blink reflex test</u>
<u>95937</u>	-	-	<u>\$62.45</u>	<u>\$25.53</u>	<u>\$36.92</u>	<u>Neuromuscular junction test</u>
<u>95938</u>	-	-	<u>\$267.98</u>	<u>\$34.03</u>	<u>\$233.96</u>	<u>Somatosensory testing</u>
<u>95939</u>	-	-	<u>\$389.85</u>	<u>\$88.67</u>	<u>\$301.18</u>	<u>C motor evoked upr&lwr limbs</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>95940</u>	-	-	<u>\$24.00</u>	-	-	<u>Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)</u>
<u>95941</u>	-	-	<u>I.C.</u>	-	-	<u>Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)</u>
<u>95943</u>	-	-	<u>I.C.</u>	-	-	<u>Parasymp&symp hrt rate test</u>
<u>95950</u>	-	-	<u>\$257.59</u>	<u>\$59.28</u>	<u>\$198.32</u>	<u>Ambulatory eeg monitoring</u>
<u>95951</u>	-	-	-	<u>\$236.54</u>	-	<u>Eeg monitoring/videorecord</u>
<u>95953</u>	-	-	<u>\$324.89</u>	<u>\$121.24</u>	<u>\$203.65</u>	<u>Eeg monitoring/computer</u>
<u>95954</u>	-	-	<u>\$349.54</u>	<u>\$91.98</u>	<u>\$257.56</u>	<u>Eeg monitoring/giving drugs</u>
<u>95955</u>	-	-	<u>\$168.39</u>	<u>\$39.99</u>	<u>\$128.41</u>	<u>Eeg during surgery</u>
<u>95956</u>	-	-	<u>\$1,289.81</u>	<u>\$141.58</u>	<u>\$1,148.23</u>	<u>Eeg monitor technol attended</u>
<u>95957</u>	-	-	<u>\$243.56</u>	<u>\$77.67</u>	<u>\$165.89</u>	<u>Eeg digital analysis</u>
<u>95958</u>	-	-	<u>\$439.71</u>	<u>\$166.56</u>	<u>\$273.15</u>	<u>Eeg monitoring/function test</u>
<u>95961</u>	-	-	<u>\$222.72</u>	<u>\$118.73</u>	<u>\$103.99</u>	<u>Electrode stimulation brain</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

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<u>95962</u>	-	-	<u>\$197.35</u>	<u>\$127.87</u>	<u>\$69.47</u>	<u>Electrode stim brain add-on</u>
<u>95965</u>	-	-	-	<u>\$310.76</u>	-	<u>Meg spontaneous</u>
<u>95966</u>	-	-	-	<u>\$157.51</u>	-	<u>Meg evoked single</u>
<u>95967</u>	-	-	-	<u>\$137.23</u>	-	<u>Meg evoked each addl</u>
<u>95970</u>	<u>\$52.28</u>	<u>\$17.48</u>	-	-	-	<u>Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming</u>
<u>95971</u>	<u>\$37.06</u>	<u>\$29.76</u>	-	-	-	<u>Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve,</u>

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						<u>neuromuscular)</u> <u>neurostimulator pulse</u> <u>generator/transmitter,</u> <u>with intraoperative or</u> <u>subsequent</u> <u>programming</u>
<u>95972</u>	<u>\$43.34</u>	<u>\$30.43</u>	-	-	-	<u>Electronic analysis of</u> <u>implanted</u> <u>neurostimulator pulse</u> <u>generator system (eg,</u> <u>rate, pulse amplitude,</u> <u>pulse duration,</u> <u>configuration of wave</u> <u>form, battery status,</u> <u>electrode selectability,</u> <u>output modulation,</u> <u>cycling, impedance and</u> <u>patient compliance</u> <u>measurements);</u> <u>complex spinal cord, or</u> <u>peripheral (ie, peripheral</u> <u>nerve, sacral nerve,</u> <u>neuromuscular) (except</u> <u>cranial nerve)</u> <u>neurostimulator pulse</u> <u>generator/transmitter,</u> <u>with intraoperative or</u> <u>subsequent</u> <u>programming</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>95974</u>	<u>\$154.30</u>	<u>\$119.78</u>	-	-	-	<u>Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour</u>
<u>95975</u>	<u>\$82.91</u>	<u>\$68.04</u>	-	-	-	<u>Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>separately in addition to code for primary procedure)</u>
<u>95978</u>	<u>\$185.31</u>	<u>\$140.97</u>	-	-	-	<u>Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour</u>
<u>95979</u>	<u>\$80.25</u>	<u>\$65.66</u>	-	-	-	<u>Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)</u>
<u>95980</u>	-	-	<u>\$32.95</u>	-	-	<u>Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming</u>
<u>95981</u>	<u>\$24.02</u>	<u>\$13.07</u>	-	-	-	<u>Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>pulse generator/transmitter; subsequent, without reprogramming</u>
<u>95982</u>	<u>\$39.09</u>	<u>\$26.46</u>	-	-	-	<u>Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming</u>
<u>95990</u>	-	-	<u>\$72.31</u>	-	-	<u>Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>95991</u>	<u>\$93.62</u>	<u>\$29.07</u>	-	-	-	<u>Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional</u>
<u>95992</u>	<u>\$31.90</u>	<u>\$27.41</u>	-	-	-	<u>Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day</u>
<u>95999</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted neurological or neuromuscular diagnostic procedure</u>
<u>96000</u>	-	-	<u>\$69.85</u>	-	-	<u>Comprehensive computer-based motion analysis by video-taping and 3D kinematics;</u>
<u>96001</u>	-	-	<u>\$77.28</u>	-	-	<u>Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measurements during walking</u>
<u>96002</u>	-	-	<u>\$16.02</u>	-	-	<u>Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles</u>
<u>96003</u>	-	-	<u>\$12.72</u>	-	-	<u>Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>96004</u>	-	-	<u>\$85.91</u>	-	-	<u>Review and interpretation by physician or other qualified health care professional of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report</u>
<u>96020</u>	-	-	-	<u>\$120.07</u>	-	<u>Functional brain mapping</u>
<u>96040</u>	-	-	<u>\$36.67</u>	-	-	<u>Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family</u>
<u>96101</u>	<u>\$57.70</u>	<u>\$57.42</u>	-	-	-	<u>Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report</u>

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101 CMR 317.00: MEDICINE

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<u>96102</u>	<u>\$48.63</u>	<u>\$16.92</u>	-	-	-	<u>Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face</u>
<u>96103</u>	<u>\$20.14</u>	<u>\$19.58</u>	-	-	-	<u>Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report</u>
<u>96105</u>	-	-	<u>\$79.73</u>	-	-	<u>Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour</u>

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101 CMR 317.00: MEDICINE

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<u>96110</u>	-	-	<u>\$9.73</u>	-	-	<u>Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument</u>
<u>96110</u>	-	-	<u>\$9.73</u>	-	-	<u>Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument</u>
<u>96111</u>	<u>\$94.42</u>	<u>\$89.37</u>	-	-	-	<u>Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report</u>
<u>96116</u>	<u>\$67.71</u>	<u>\$63.22</u>	-	-	-	<u>Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>and preparing the report</u>
<u>96118</u>	<u>\$72.01</u>	<u>\$56.86</u>	-	-	-	<u>Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report</u>
<u>96119</u>	<u>\$61.82</u>	<u>\$17.20</u>	-	-	-	<u>Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>96120</u>	<u>\$36.41</u>	<u>\$19.01</u>	-	-	-	<u>Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report</u>
<u>96125</u>	-	-	<u>\$87.84</u>	-	-	<u>Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report</u>
<u>96127</u>	-	-	<u>\$9.73</u>	-	-	<u>Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument</u>
<u>96150</u>	<u>\$15.64</u>	<u>\$15.36</u>	-	-	-	<u>Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>96151</u>	<u>\$14.85</u>	<u>\$14.57</u>	-	-	-	<u>Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment</u>
<u>96152</u>	<u>\$14.34</u>	<u>\$14.06</u>	-	-	-	<u>Health and behavior intervention, each 15 minutes, face-to-face; individual</u>
<u>96153</u>	-	-	<u>\$3.28</u>	-	-	<u>Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)</u>
<u>96154</u>	<u>\$14.08</u>	<u>\$13.80</u>	-	-	-	<u>Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)</u>
<u>96155</u>	-	-	<u>\$16.50</u>	-	-	<u>Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)</u>
<u>96360</u>	-	-	<u>\$44.39</u>	-	-	<u>Intravenous infusion, hydration; initial, 31 minutes to 1 hour</u>
<u>96361</u>	-	-	<u>\$11.72</u>	-	-	<u>Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)</u>
<u>96365</u>	-	-	<u>\$53.71</u>	-	-	<u>Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>substance or drug);</u> <u>initial, up to 1 hour</u>
<u>96366</u>	-	-	<u>\$14.31</u>	-	-	<u>Intravenous infusion, for</u> <u>therapy, prophylaxis, or</u> <u>diagnosis (specify</u> <u>substance or drug); each</u> <u>additional hour (List</u> <u>separately in addition to</u> <u>code for primary</u> <u>procedure)</u>
<u>96367</u>	-	-	<u>\$23.42</u>	-	-	<u>Intravenous infusion, for</u> <u>therapy, prophylaxis, or</u> <u>diagnosis (specify</u> <u>substance or drug);</u> <u>additional sequential</u> <u>infusion of a new</u> <u>drug/substance, up to 1</u> <u>hour (List separately in</u> <u>addition to code for</u> <u>primary procedure)</u>
<u>96368</u>	-	-	<u>\$15.73</u>	-	-	<u>Intravenous infusion, for</u> <u>therapy, prophylaxis, or</u> <u>diagnosis (specify</u> <u>substance or drug);</u> <u>concurrent infusion (List</u> <u>separately in addition to</u> <u>code for primary</u> <u>procedure)</u>
<u>96369</u>	-	-	<u>\$151.21</u>	-	-	<u>Subcutaneous infusion</u> <u>for therapy or</u> <u>prophylaxis (specify</u> <u>substance or drug);</u> <u>initial, up to 1 hour,</u> <u>including pump set-up</u> <u>and establishment of</u> <u>subcutaneous infusion</u> <u>site(s)</u>
<u>96370</u>	-	-	<u>\$11.22</u>	-	-	<u>Subcutaneous infusion</u> <u>for therapy or</u> <u>prophylaxis (specify</u> <u>substance or drug); each</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>additional hour (List separately in addition to code for primary procedure)</u>
<u>96371</u>	-	-	<u>\$57.53</u>	-	-	<u>Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)</u>
<u>96372</u>	-	-	<u>\$19.38</u>	-	-	<u>Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular</u>
<u>96373</u>	-	-	<u>\$14.89</u>	-	-	<u>Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial</u>
<u>96374</u>	-	-	<u>\$43.96</u>	-	-	<u>Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug</u>
<u>96375</u>	-	-	<u>\$17.31</u>	-	-	<u>Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>code for primary procedure)</u>
<u>96376</u>	-	-	<u>I.C.</u>	-	-	<u>Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure)</u>
<u>96379</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion</u>
<u>96401</u>	-	-	<u>\$57.79</u>	-	-	<u>Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic</u>
<u>96402</u>	-	-	<u>\$24.82</u>	-	-	<u>Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic</u>
<u>96405</u>	<u>\$63.17</u>	<u>\$22.20</u>	-	-	-	<u>Chemotherapy administration; intralesional, up to and including 7 lesions</u>
<u>96406</u>	<u>\$89.74</u>	<u>\$34.45</u>	-	-	-	<u>Chemotherapy administration; intralesional, more than 7 lesions</u>
<u>96409</u>	-	-	<u>\$86.09</u>	-	-	<u>Chemotherapy administration;</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>intravenous, push technique, single or initial substance/drug</u>
<u>96411</u>	-	-	<u>\$48.12</u>	-	-	<u>Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)</u>
<u>96413</u>	-	-	<u>\$105.23</u>	-	-	<u>Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug</u>
<u>96415</u>	-	-	<u>\$21.73</u>	-	-	<u>Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)</u>
<u>96416</u>	-	-	<u>\$109.61</u>	-	-	<u>Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump</u>
<u>96417</u>	-	-	<u>\$48.38</u>	-	-	<u>Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>hour (List separately in addition to code for primary procedure)</u>
<u>96420</u>	-	-	<u>\$82.05</u>	-	-	<u>Chemotherapy administration, intra-arterial; push technique</u>
<u>96422</u>	-	-	<u>\$132.47</u>	-	-	<u>Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour</u>
<u>96423</u>	-	-	<u>\$60.98</u>	-	-	<u>Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)</u>
<u>96425</u>	-	-	<u>\$141.48</u>	-	-	<u>Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump</u>
<u>96440</u>	<u>\$657.33</u>	<u>\$99.70</u>	-	-	-	<u>Chemotherapy administration into pleural cavity, requiring and including thoracentesis</u>
<u>96446</u>	<u>\$154.55</u>	<u>\$18.72</u>	-	-	-	<u>Chemotherapy administration into the peritoneal cavity via indwelling port or catheter</u>
<u>96450</u>	<u>\$138.99</u>	<u>\$59.29</u>	-	-	-	<u>Chemotherapy administration, into CNS (eg, intrathecal),</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>requiring and including spinal puncture</u>
<u>96521</u>	-	-	<u>\$107.78</u>	-	-	<u>Refilling and maintenance of portable pump</u>
<u>96522</u>	-	-	<u>\$88.01</u>	-	-	<u>Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)</u>
<u>96523</u>	-	-	<u>\$19.42</u>	-	-	<u>Irrigation of implanted venous access device for drug delivery systems</u>
<u>96542</u>	<u>\$93.38</u>	<u>\$31.08</u>	-	-	-	<u>Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents</u>
<u>96549</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted chemotherapy procedure</u>
<u>96567</u>	-	-	<u>\$106.67</u>	-	-	<u>Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (eg, lip) by activation of photosensitive drug(s), each phototherapy exposure session</u>
<u>96570</u>	-	-	<u>\$41.10</u>	-	-	<u>Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes (List separately in addition to</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)</u>
<u>96571</u>	-	-	<u>\$19.63</u>	-	-	<u>Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)</u>
<u>96900</u>	-	-	<u>\$16.15</u>	-	-	<u>Actinotherapy (ultraviolet light)</u>
<u>96902</u>	<u>\$15.86</u>	<u>\$15.30</u>	-	-	-	<u>Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality</u>
<u>96904</u>	-	-	<u>\$49.42</u>	-	-	<u>Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>96910</u>	-	-	<u>\$56.28</u>	-	-	<u>Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B</u>
<u>96912</u>	-	-	<u>\$72.00</u>	-	-	<u>Photochemotherapy; psoralens and ultraviolet A (PUVA)</u>
<u>96913</u>	-	-	<u>\$103.18</u>	-	-	<u>Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)</u>
<u>96920</u>	<u>\$119.62</u>	<u>\$49.75</u>	-	-	-	<u>Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm</u>
<u>96921</u>	<u>\$131.60</u>	<u>\$56.39</u>	-	-	-	<u>Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm</u>
<u>96922</u>	<u>\$181.49</u>	<u>\$90.85</u>	-	-	-	<u>Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm</u>
<u>96931</u>	-	-	<u>I.C.</u>	-	-	<u>Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion</u>
<u>96932</u>	-	-	<u>I.C.</u>	-	-	<u>Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>acquisition only, first lesion</u>
<u>96933</u>	-	-	<u>I.C.</u>	-	-	<u>Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion</u>
<u>96934</u>	-	-	<u>I.C.</u>	-	-	<u>Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)</u>
<u>96935</u>	-	-	<u>I.C.</u>	-	-	<u>Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)</u>
<u>96936</u>	-	-	<u>I.C.</u>	-	-	<u>Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)</u>
<u>96999</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted special dermatological service or procedure</u>
<u>97001</u>	-	-	<u>\$55.92</u>	-	-	<u>Physical therapy evaluation</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>97002</u>	-	-	<u>\$31.39</u>	-	-	<u>Physical therapy re-evaluation</u>
<u>97003</u>	-	-	<u>\$63.50</u>	-	-	<u>Occupational therapy evaluation</u>
<u>97004</u>	-	-	<u>\$39.81</u>	-	-	<u>Occupational therapy re-evaluation</u>
<u>97005</u>	-	-	<u>I.C.</u>	-	-	<u>Athletic training evaluation</u>
<u>97006</u>	-	-	<u>I.C.</u>	-	-	<u>Athletic training re-evaluation</u>
<u>97010</u>	-	-	<u>\$4.50</u>	-	-	<u>Application of a modality to 1 or more areas; hot or cold packs</u>
<u>97012</u>	-	-	<u>\$11.89</u>	-	-	<u>Application of a modality to 1 or more areas; traction, mechanical</u>
<u>97014</u>	-	-	<u>\$12.06</u>	-	-	<u>Application of a modality to 1 or more areas; electrical stimulation (unattended)</u>
<u>97016</u>	-	-	<u>\$14.59</u>	-	-	<u>Application of a modality to 1 or more areas; vasopneumatic devices</u>
<u>97018</u>	-	-	<u>\$8.43</u>	-	-	<u>Application of a modality to 1 or more areas; paraffin bath</u>
<u>97022</u>	-	-	<u>\$17.98</u>	-	-	<u>Application of a modality to 1 or more areas; whirlpool</u>
<u>97024</u>	-	-	<u>\$4.78</u>	-	-	<u>Application of a modality to 1 or more areas; diathermy (eg, microwave)</u>
<u>97026</u>	-	-	<u>\$4.50</u>	-	-	<u>Application of a modality to 1 or more areas; infrared</u>
<u>97028</u>	-	-	<u>\$5.57</u>	-	-	<u>Application of a modality to 1 or more areas; ultraviolet</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>97032</u>	-	-	<u>\$14.42</u>	-	-	<u>Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes</u>
<u>97033</u>	-	-	<u>\$20.00</u>	-	-	<u>Application of a modality to 1 or more areas; iontophoresis, each 15 minutes</u>
<u>97034</u>	-	-	<u>\$13.67</u>	-	-	<u>Application of a modality to 1 or more areas; contrast baths, each 15 minutes</u>
<u>97035</u>	-	-	<u>\$9.46</u>	-	-	<u>Application of a modality to 1 or more areas; ultrasound, each 15 minutes</u>
<u>97036</u>	-	-	<u>\$25.29</u>	-	-	<u>Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes</u>
<u>97039</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted modality (specify type and time if constant attendance)</u>
<u>97110</u>	-	-	<u>\$24.18</u>	-	-	<u>Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility</u>
<u>97112</u>	-	-	<u>\$25.31</u>	-	-	<u>Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>97113</u>	-	-	<u>\$32.75</u>	-	-	<u>Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises</u>
<u>97116</u>	-	-	<u>\$21.34</u>	-	-	<u>Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)</u>
<u>97124</u>	-	-	<u>\$19.78</u>	-	-	<u>Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)</u>
<u>97139</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted therapeutic procedure (specify)</u>
<u>97140</u>	-	-	<u>\$22.39</u>	-	-	<u>Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes</u>
<u>97150</u>	-	-	<u>\$12.91</u>	-	-	<u>Therapeutic procedure(s), group (2 or more individuals)</u>
<u>97530</u>	-	-	<u>\$26.30</u>	-	-	<u>Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes</u>
<u>97532</u>	-	-	<u>\$19.84</u>	-	-	<u>Development of cognitive skills to improve attention, memory, problem solving (includes</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>compensatory training), direct (one-on-one) patient contact, each 15 minutes</u>
<u>97533</u>	-	-	<u>\$21.81</u>	-	-	<u>Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes</u>
<u>97535</u>	-	-	<u>\$26.43</u>	-	-	<u>Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes</u>
<u>97537</u>	-	-	<u>\$22.50</u>	-	-	<u>Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>97542</u>	-	-	<u>\$23.06</u>	-	-	<u>Wheelchair management (eg, assessment, fitting, training), each 15 minutes</u>
<u>97545</u>	-	-	<u>I.C.</u>	-	-	<u>Work hardening/conditioning; initial 2 hours</u>
<u>97546</u>	-	-	<u>I.C.</u>	-	-	<u>Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)</u>
<u>97597</u>	<u>\$57.99</u>	<u>\$17.02</u>	-	-	-	<u>Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>97598</u>	<u>\$18.65</u>	<u>\$7.99</u>	-	-	-	<u>Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)</u>
<u>97602</u>	-	-	<u>I.C.</u>	-	-	<u>Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session</u>

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<u>97605</u>	<u>\$30.95</u>	<u>\$18.32</u>	-	-	-	<u>Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters</u>
<u>97606</u>	<u>\$36.72</u>	<u>\$19.89</u>	-	-	-	<u>Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters</u>
<u>97607</u>	-	-	<u>I.C.</u>	-	-	<u>Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>care, per session; total wound(s) surface area less than or equal to 50 square centimeters</u>
<u>97608</u>	-	-	<u>I.C.</u>	-	-	<u>Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters</u>
<u>97610</u>	<u>\$93.59</u>	<u>\$11.64</u>	-	-	-	<u>Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day</u>
<u>97750</u>	-	-	<u>\$24.74</u>	-	-	<u>Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>97755</u>	-	-	<u>\$26.57</u>	-	-	<u>Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes</u>
<u>97760</u>	-	-	<u>\$28.67</u>	-	-	<u>Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes</u>
<u>97761</u>	-	-	<u>\$24.74</u>	-	-	<u>Prosthetic training, upper and/or lower extremity(s), each 15 minutes</u>
<u>97762</u>	-	-	<u>\$36.87</u>	-	-	<u>Checkout for orthotic/prosthetic use, established patient, each 15 minutes</u>
<u>97799</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted physical medicine/rehabilitation service or procedure</u>
<u>97802</u>	<u>\$25.95</u>	<u>\$24.27</u>	-	-	-	<u>Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes</u>
<u>97803</u>	<u>\$22.50</u>	<u>\$20.53</u>	-	-	-	<u>Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>97804</u>	<u>\$11.89</u>	<u>\$11.33</u>	-	-	-	<u>Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes</u>
<u>97810</u>	<u>\$26.93</u>	<u>\$22.44</u>	-	-	-	<u>Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient</u>
<u>97811</u>	<u>\$20.01</u>	<u>\$18.60</u>	-	-	-	<u>Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)</u>
<u>97813</u>	<u>\$28.77</u>	<u>\$24.28</u>	-	-	-	<u>Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient</u>
<u>97814</u>	<u>\$22.69</u>	<u>\$20.44</u>	-	-	-	<u>Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)</u>
<u>98925</u>	<u>\$23.47</u>	<u>\$17.30</u>	-	-	-	<u>Osteopathic manipulative treatment (OMT); 1-2 body regions involved</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>98926</u>	<u>\$33.96</u>	<u>\$26.38</u>	-	-	-	<u>Osteopathic manipulative treatment (OMT); 3-4 body regions involved</u>
<u>98927</u>	<u>\$43.88</u>	<u>\$34.62</u>	-	-	-	<u>Osteopathic manipulative treatment (OMT); 5-6 body regions involved</u>
<u>98928</u>	<u>\$53.81</u>	<u>\$43.71</u>	-	-	-	<u>Osteopathic manipulative treatment (OMT); 7-8 body regions involved</u>
<u>98929</u>	<u>\$64.29</u>	<u>\$52.51</u>	-	-	-	<u>Osteopathic manipulative treatment (OMT); 9-10 body regions involved</u>
<u>98940</u>	<u>\$21.07</u>	<u>\$16.58</u>	-	-	-	<u>Chiropractic manipulative treatment (CMT); spinal, 1-2 regions</u>
<u>98941</u>	<u>\$30.28</u>	<u>\$25.51</u>	-	-	-	<u>Chiropractic manipulative treatment (CMT); spinal, 3-4 regions</u>
<u>98942</u>	<u>\$39.36</u>	<u>\$34.31</u>	-	-	-	<u>Chiropractic manipulative treatment (CMT); spinal, 5 regions</u>
<u>98943</u>	<u>\$20.10</u>	<u>\$17.30</u>	-	-	-	<u>Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions</u>
<u>98960</u>	-	-	<u>\$21.92</u>	-	-	<u>Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>patient</u>
<u>98961</u>	-	-	<u>\$10.54</u>	-	-	<u>Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients</u>
<u>98962</u>	-	-	<u>\$7.73</u>	-	-	<u>Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients</u>
<u>98966</u>	<u>\$10.21</u>	<u>\$9.36</u>	-	-	-	<u>Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion</u>
<u>98967</u>	<u>\$19.73</u>	<u>\$18.60</u>	-	-	-	<u>Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion</u>
<u>98968</u>	<u>\$28.81</u>	<u>\$27.97</u>	-	-	-	<u>Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion</u>
<u>98969</u>	-	-	<u>I.C.</u>	-	-	<u>Online assessment and management service provided by a qualified nonphysician health care professional to an established patient or guardian, not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network</u>
<u>99000</u>	-	-	<u>I.C.</u>	-	-	<u>Handling and/or conveyance of specimen for transfer from the office to a laboratory</u>
<u>99001</u>	-	-	<u>I.C.</u>	-	-	<u>Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99002</u>	-	-	<u>I.C.</u>	-	-	<u>Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (eg, designing, fitting, packaging, handling, delivery or mailing) when devices such as orthotics, protectives, prosthetics are fabricated by an outside laboratory or shop but which items have been designed, and are to be fitted and adjusted by the attending physician or other qualified health care professional</u>
<u>99024</u>	-	-	<u>I.C.</u>	-	-	<u>Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure</u>
<u>99026</u>	-	-	<u>I.C.</u>	-	-	<u>Hospital mandated on call service; in-hospital, each hour</u>
<u>99027</u>	-	-	<u>I.C.</u>	-	-	<u>Hospital mandated on call service; out-of-hospital, each hour</u>
<u>99050</u>	-	-	<u>I.C.</u>	-	-	<u>Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>Sunday), in addition to basic service</u>
<u>99051</u>	-	-	<u>I.C.</u>	-	-	<u>Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service</u>
<u>99053</u>	-	-	<u>I.C.</u>	-	-	<u>Service(s) provided between 10:00 PM and 8:00 AM at 24-hour facility, in addition to basic service</u>
<u>99056</u>	-	-	<u>I.C.</u>	-	-	<u>Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service</u>
<u>99058</u>	-	-	<u>I.C.</u>	-	-	<u>Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service</u>
<u>99060</u>	-	-	<u>I.C.</u>	-	-	<u>Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service</u>
<u>99070</u>	-	-	<u>I.C.</u>	-	-	<u>Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included with the office</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>visit or other services rendered (list drugs, trays, supplies, or materials provided)</u>
<u>99071</u>	-	-	<u>I.C.</u>	-	-	<u>Educational supplies, such as books, tapes, and pamphlets, for the patient's education at cost to physician or other qualified health care professional</u>
<u>99075</u>	-	-	<u>I.C.</u>	-	-	<u>Medical testimony</u>
<u>99078</u>	-	-	<u>I.C.</u>	-	-	<u>Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions)</u>
<u>99080</u>	-	-	<u>I.C.</u>	-	-	<u>Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form</u>
<u>99082</u>	-	-	<u>I.C.</u>	-	-	<u>Unusual travel (eg, transportation and escort of patient)</u>
<u>99090</u>	-	-	<u>I.C.</u>	-	-	<u>Analysis of clinical data stored in computers (eg, ECGs, blood pressures, hematologic data)</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99091</u>	-	-	<u>\$41.04</u>	-	-	<u>Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time</u>
<u>99100</u>	-	-	<u>I.C.</u>	-	-	<u>Anesthesia for patient of extreme age, younger than 1 year and older than 70 (List separately in addition to code for primary anesthesia procedure)</u>
<u>99116</u>	-	-	<u>I.C.</u>	-	-	<u>Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure)</u>
<u>99135</u>	-	-	<u>I.C.</u>	-	-	<u>Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure)</u>
<u>99140</u>	-	-	<u>I.C.</u>	-	-	<u>Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>procedure)</u>
<u>99143</u>	-	-	<u>I.C.</u>	-	-	<u>Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; younger than 5 years of age, first 30 minutes intra-service time</u>
<u>99144</u>	-	-	<u>I.C.</u>	-	-	<u>Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; age</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>5 years or older, first 30 minutes intra-service time</u>
<u>99145</u>	-	-	<u>I.C.</u>	-	-	<u>Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intra-service time (List separately in addition to code for primary service)</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99148</u>	-	-	<u>I.C.</u>	-	-	<u>Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician or other qualified health care professional other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; younger than 5 years of age, first 30 minutes intra-service time</u>
<u>99149</u>	-	-	<u>I.C.</u>	-	-	<u>Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician or other qualified health care professional other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; age 5 years or older, first 30 minutes intra-service time</u>
<u>99150</u>	-	-	<u>I.C.</u>	-	-	<u>Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician or other qualified health care professional other than the health care professional performing the diagnostic or therapeutic service that the sedation supports;</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>each additional 15 minutes intra-service time (List separately in addition to code for primary service)</u>
<u>99170</u>	<u>\$131.84</u>	<u>\$65.33</u>	-	-	-	<u>Anogenital examination, magnified, in childhood for suspected trauma, including image recording when performed</u>
<u>99172</u>	-	-	<u>I.C.</u>	-	-	<u>Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision (may include all or some screening of the determination[s] for contrast sensitivity, vision under glare)</u>
<u>99174</u>	-	-	<u>I.C.</u>	-	-	<u>Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report</u>
<u>99175</u>	-	-	<u>\$13.35</u>	-	-	<u>Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99177</u>	-	-	<u>I.C.</u>	-	-	<u>Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis</u>
<u>99183</u>	-	-	<u>\$79.53</u>	-	-	<u>Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session</u>
<u>99184</u>	-	-	<u>\$167.70</u>	-	-	<u>Initiation of selective head or total body hypothermia in the critically ill neonate, includes appropriate patient selection by review of clinical, imaging and laboratory data, confirmation of esophageal temperature probe location, evaluation of amplitude EEG, supervision of controlled hypothermia, and assessment of patient tolerance of cooling</u>
<u>99188</u>	-	-	<u>I.C.</u>	-	-	<u>Application of topical fluoride varnish by a physician or other qualified health care professional</u>
<u>99190</u>	-	-	<u>I.C.</u>	-	-	<u>Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); each hour</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99191</u>	-	-	<u>I.C.</u>	-	-	<u>Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 45 minutes</u>
<u>99192</u>	-	-	<u>I.C.</u>	-	-	<u>Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 30 minutes</u>
<u>99195</u>	-	-	<u>\$78.39</u>	-	-	<u>Phlebotomy, therapeutic (separate procedure)</u>
<u>99199</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted special service, procedure or report</u>
<u>99201</u>	<u>\$32.71</u>	<u>\$19.24</u>	-	-	-	<u>Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>Typically, 10 minutes are spent face-to-face with the patient and/or family.</u>
<u>99202</u>	<u>\$55.65</u>	<u>\$36.57</u>	-	-	-	<u>Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>with the patient and/or family.</u>
<u>99203</u>	<u>\$79.95</u>	<u>\$55.53</u>	-	-	-	<u>Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>with the patient and/or family.</u>
<u>99204</u>	<u>\$121.49</u>	<u>\$94.27</u>	-	-	-	<u>Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>to-face with the patient and/or family.</u>
<u>99205</u>	<u>\$151.92</u>	<u>\$122.45</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>to-face with the patient and/or family.</u>
<u>99211</u>	<u>\$15.15</u>	<u>\$6.73</u>	-	-	-	<u>Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99212</u>	<u>\$32.56</u>	<u>\$18.25</u>	-	-	-	<u>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99213</u>	<u>\$54.27</u>	<u>\$37.15</u>	-	-	-	<u>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99214</u>	<u>\$79.82</u>	<u>\$57.09</u>	-	-	-	<u>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99215</u>	<u>\$107.16</u>	<u>\$80.78</u>	-	-	-	<u>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.</u>
<u>99217</u>	-	-	<u>\$53.26</u>	-	-	<u>Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from "observation status" if the discharge is on other than the initial date of "observation status." To report services to a</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.]
<u>99218</u>	-	-	<u>\$72.27</u>	-	-	Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of low severity. Typically, 30 minutes

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>are spent at the bedside and on the patient's hospital floor or unit.</u>
<u>99219</u>	-	-	<u>\$98.57</u>	-	-	<u>Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>"observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
<u>99220</u>	-	-	<u>\$134.75</u>	-	-	<u>Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
<u>99221</u>	-	-	<u>\$73.17</u>	-	-	<u>Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
<u>99222</u>	-	-	<u>\$99.29</u>	-	-	<u>Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>are spent at the bedside and on the patient's hospital floor or unit.</u>
<u>99223</u>	-	-	<u>\$147.13</u>	-	-	<u>Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>patient's hospital floor or unit.</u>
<u>99224</u>	-	-	<u>\$28.81</u>	-	-	<u>Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>bedside and on the patient's hospital floor or unit.</u>
<u>99225</u>	-	-	<u>\$52.99</u>	-	-	<u>Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
<u>99226</u>	-	-	<u>\$76.53</u>	-	-	<u>Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
<u>99231</u>	-	-	<u>\$28.53</u>	-	-	<u>Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
<u>99232</u>	-	-	<u>\$52.43</u>	-	-	<u>Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
<u>99233</u>	-	-	<u>\$75.56</u>	-	-	<u>Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
<u>99234</u>	-	-	<u>\$97.01</u>	-	-	<u>Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
<u>99235</u>	-	-	<u>\$122.75</u>	-	-	<u>Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
<u>99236</u>	-	-	<u>\$158.09</u>	-	-	<u>Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
<u>99238</u>	-	-	<u>\$53.11</u>	-	-	<u>Hospital discharge day management; 30 minutes or less</u>
<u>99239</u>	-	-	<u>\$78.58</u>	-	-	<u>Hospital discharge day management; more than 30 minutes</u>
<u>99241</u>	<u>\$35.53</u>	<u>\$23.75</u>	-	-	-	<u>Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.</u>
<u>99242</u>	<u>\$66.43</u>	<u>\$49.87</u>	-	-	-	<u>Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99243</u>	<u>\$90.83</u>	<u>\$69.78</u>	-	-	-	<u>Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.</u>
<u>99244</u>	<u>\$135.14</u>	<u>\$112.13</u>	-	-	-	<u>Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.</u>
<u>99245</u>	<u>\$164.51</u>	<u>\$138.69</u>	-	-	-	<u>Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent face-to-face with the patient</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99251</u>	-	-	<u>\$35.52</u>	-	-	<u>Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 20 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99252</u>	-	-	<u>\$54.40</u>	-	-	<u>Inpatient consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
<u>99253</u>	-	-	<u>\$83.72</u>	-	-	<u>Inpatient consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.</u>
<u>99254</u>	-	-	<u>\$121.72</u>	-	-	<u>Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent at the bedside and on the patient's hospital floor or</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99255</u>	-	-	<u>\$146.57</u>	-	-	<u>Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 110 minutes are spent at the bedside and on the</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>patient's hospital floor or unit.</u>
<u>99281</u>	-	-	<u>\$15.23</u>	-	-	<u>Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>99282</u>	-	-	<u>\$29.67</u>	-	-	<u>Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.</u>
<u>99283</u>	-	-	<u>\$44.32</u>	-	-	<u>Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.</u>
<u>99284</u>	-	-	<u>\$84.01</u>	-	-	<u>Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>significant threat to life or physiologic function.</u>
<u>99285</u>	-	-	<u>\$123.80</u>	-	-	<u>Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually,</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.</u>
<u>99288</u>	-	-	<u>I.C.</u>	-	-	<u>Physician or other qualified health care professional direction of emergency medical systems (EMS) emergency care, advanced life support</u>
<u>99291</u>	<u>\$201.56</u>	<u>\$161.15</u>	-	-	-	<u>Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes</u>
<u>99292</u>	<u>\$89.20</u>	<u>\$80.78</u>	-	-	-	<u>Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>99304</u>	-	-	<u>\$67.00</u>	-	-	<u>Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99305</u>	-	-	<u>\$95.35</u>	-	-	<u>Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99306</u>	-	-	<u>\$121.45</u>	-	-	<u>Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 45 minutes are spent at the bedside and on the patient's facility floor or unit.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99307</u>	-	-	<u>\$32.87</u>	-	-	<u>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99308</u>	-	-	<u>\$50.87</u>	-	-	<u>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99309</u>	-	-	<u>\$67.07</u>	-	-	<u>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99310</u>	-	-	<u>\$99.43</u>	-	-	<u>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.</u>
<u>99315</u>	-	-	<u>\$53.67</u>	-	-	<u>Nursing facility discharge day management; 30 minutes or less</u>
<u>99316</u>	-	-	<u>\$77.34</u>	-	-	<u>Nursing facility discharge day management; more than 30 minutes</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99318</u>	-	-	<u>\$70.20</u>	-	-	<u>Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99324</u>	-	-	<u>\$40.42</u>	-	-	<u>Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent with the patient and/or family or caregiver.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99325</u>	-	-	<u>\$58.72</u>	-	-	<u>Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient and/or family or caregiver.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99326</u>	-	-	<u>\$101.42</u>	-	-	<u>Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99327</u>	-	-	<u>\$135.52</u>	-	-	<u>Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99328</u>	-	-	<u>\$158.17</u>	-	-	<u>Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent with the patient and/or family or caregiver.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99334</u>	-	-	<u>\$44.20</u>	-	-	<u>Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent with the patient and/or family or caregiver.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>99335</u>	-	-	<u>\$69.61</u>	-	-	<u>Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99336</u>	-	-	<u>\$98.32</u>	-	-	<u>Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99337</u>	-	-	<u>\$140.59</u>	-	-	<u>Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent with the patient and/or family or caregiver.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>99339</u>	-	-	<u>\$57.23</u>	-	-	<u>Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>99340</u>	-	-	<u>\$80.08</u>	-	-	<u>Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99341</u>	-	-	<u>\$40.14</u>	-	-	<u>Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.</u>
<u>99342</u>	-	-	<u>\$57.60</u>	-	-	<u>Home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.</u>
<u>99343</u>	-	-	<u>\$94.37</u>	-	-	<u>Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99344</u>	-	-	<u>\$132.79</u>	-	-	<u>Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99345</u>	-	-	<u>\$160.88</u>	-	-	<u>Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent face-to-face with the patient and/or family.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99347</u>	-	-	<u>\$40.45</u>	-	-	<u>Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>99348</u>	-	-	<u>\$61.30</u>	-	-	<u>Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>99349</u>	-	-	<u>\$93.59</u>	-	-	<u>Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>99350</u>	-	-	<u>\$129.67</u>	-	-	<u>Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent face-to-face with the patient and/or family.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>99354</u>	<u>\$73.17</u>	<u>\$67.55</u>	-	-	-	<u>Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)</u>
<u>99355</u>	<u>\$71.05</u>	<u>\$65.43</u>	-	-	-	<u>Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)</u>
<u>99356</u>	-	-	<u>\$67.11</u>	-	-	<u>Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>99357</u>	-	-	<u>\$66.55</u>	-	-	<u>Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)</u>
<u>99358</u>	-	-	<u>\$79.22</u>	-	-	<u>Prolonged evaluation and management service before and/or after direct patient care; first hour</u>
<u>99359</u>	-	-	<u>\$38.33</u>	-	-	<u>Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)</u>
<u>99360</u>	-	-	<u>\$44.73</u>	-	-	<u>Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)</u>
<u>99363</u>	<u>\$95.16</u>	<u>\$61.49</u>	-	-	-	<u>Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements)</u>
<u>99364</u>	<u>\$32.19</u>	<u>\$23.49</u>	-	-	-	<u>Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements)</u>
<u>99366</u>	<u>\$31.32</u>	<u>\$30.48</u>	-	-	-	<u>Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional</u>
<u>99367</u>	-	-	<u>\$41.04</u>	-	-	<u>Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>more; participation by physician</u>
<u>99368</u>	-	-	<u>\$26.92</u>	-	-	<u>Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional</u>
<u>99374</u>	<u>\$51.71</u>	<u>\$41.04</u>	-	-	-	<u>Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes</u>
<u>99375</u>	<u>\$77.29</u>	<u>\$64.38</u>	-	-	-	<u>Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s),</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more</u>
<u>99377</u>	<u>\$51.71</u>	<u>\$41.04</u>	-	-	-	<u>Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes</u>
<u>99378</u>	<u>\$77.29</u>	<u>\$64.38</u>	-	-	-	<u>Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care,</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more</u>
<u>99379</u>	<u>\$51.71</u>	<u>\$41.04</u>	-	-	-	<u>Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care,</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes</u>
<u>99380</u>	<u>\$77.29</u>	<u>\$64.38</u>	-	-	-	<u>Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care,</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more</u>
<u>99381</u>	<u>\$82.19</u>	<u>\$55.81</u>	-	-	-	<u>Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)</u>
<u>99382</u>	<u>\$85.87</u>	<u>\$59.49</u>	-	-	-	<u>Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)</u>
<u>99383</u>	<u>\$89.43</u>	<u>\$63.33</u>	-	-	-	<u>Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)</u>
<u>99384</u>	<u>\$100.79</u>	<u>\$74.41</u>	-	-	-	<u>Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>99385</u>	<u>\$97.46</u>	<u>\$71.36</u>	-	-	-	<u>Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years</u>
<u>99386</u>	<u>\$112.92</u>	<u>\$86.82</u>	-	-	-	<u>Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years</u>
<u>99387</u>	<u>\$122.48</u>	<u>\$93.29</u>	-	-	-	<u>Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>laboratory/diagnostic procedures, new patient; 65 years and older</u>
<u>99391</u>	<u>\$73.93</u>	<u>\$50.92</u>	-	-	-	<u>Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)</u>
<u>99392</u>	<u>\$78.82</u>	<u>\$55.81</u>	-	-	-	<u>Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>99393</u>	<u>\$78.54</u>	<u>\$55.81</u>	-	-	-	<u>Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)</u>
<u>99394</u>	<u>\$86.06</u>	<u>\$63.33</u>	-	-	-	<u>Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)</u>
<u>99395</u>	<u>\$87.90</u>	<u>\$65.17</u>	-	-	-	<u>Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years</u>
<u>99396</u>	<u>\$93.58</u>	<u>\$70.85</u>	-	-	-	<u>Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years</u>
<u>99397</u>	<u>\$100.79</u>	<u>\$74.41</u>	-	-	-	<u>Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>99401</u>	<u>\$27.07</u>	<u>\$17.81</u>	-	-	-	<u>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes</u>
<u>99402</u>	<u>\$45.67</u>	<u>\$36.41</u>	-	-	-	<u>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes</u>
<u>99403</u>	<u>\$63.48</u>	<u>\$54.50</u>	-	-	-	<u>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes</u>
<u>99404</u>	<u>\$81.83</u>	<u>\$72.85</u>	-	-	-	<u>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes</u>
<u>99406</u>	<u>\$10.39</u>	<u>\$8.98</u>	-	-	-	<u>Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes</u>
<u>99407</u>	<u>\$55.05</u>	<u>\$51.22</u>	-	-	-	<u>Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>99408</u>	<u>\$25.69</u>	<u>\$24.28</u>	-	-	-	<u>Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes</u>
<u>99409</u>	<u>\$49.97</u>	<u>\$48.57</u>	-	-	-	<u>Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes</u>
<u>99411</u>	<u>\$12.42</u>	<u>\$5.68</u>	-	-	-	<u>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes</u>
<u>99412</u>	<u>\$16.10</u>	<u>\$9.36</u>	-	-	-	<u>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes</u>
<u>99415</u>	-	-	<u>\$6.89</u>	-	-	<u>Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)</u>
<u>99416</u>	-	-	<u>\$3.80</u>	-	-	<u>Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to code for prolonged service)</u>
<u>99420</u>	-	-	<u>\$8.57</u>	-	-	<u>Administration and interpretation of health risk assessment instrument (eg, health hazard appraisal)</u>
<u>99429</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted preventive medicine service</u>
<u>99441</u>	<u>\$10.21</u>	<u>\$9.36</u>	-	-	-	<u>Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion</u>
<u>99442</u>	<u>\$19.73</u>	<u>\$18.60</u>	-	-	-	<u>Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>99443</u>	<u>\$28.81</u>	<u>\$27.97</u>	-	-	-	<u>Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion</u>
<u>99444</u>	-	-	<u>I.C.</u>	-	-	<u>Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>99446</u>	-	-	<u>I.C.</u>	-	-	<u>Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review</u>
<u>99447</u>	-	-	<u>I.C.</u>	-	-	<u>Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review</u>
<u>99448</u>	-	-	<u>I.C.</u>	-	-	<u>Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review</u>
<u>99449</u>	-	-	<u>I.C.</u>	-	-	<u>Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review</u>
<u>99450</u>	-	-	<u>I.C.</u>	-	-	<u>Basic life and/or disability examination that includes: Measurement of height, weight, and blood pressure; Completion of a medical history following a life insurance pro forma; Collection of blood sample and/or urinalysis complying with "chain of custody" protocols; and Completion of necessary documentation/certificates.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>99455</u>	-	-	<u>I.C.</u>	-	-	<u>Work related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.</u>
<u>99456</u>	-	-	<u>I.C.</u>	-	-	<u>Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>necessary documentation/certificates and report.</u>
<u>99460</u>	-	-	<u>\$95.73</u>	-	-	<u>Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant</u>
<u>99461</u>	<u>\$68.31</u>	<u>\$45.86</u>	-	-	-	<u>Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center</u>
<u>99462</u>	-	-	<u>\$41.54</u>	-	-	<u>Subsequent hospital care, per day, for evaluation and management of normal newborn</u>
<u>99463</u>	-	-	<u>\$119.20</u>	-	-	<u>Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date</u>
<u>99464</u>	-	-	<u>\$51.63</u>	-	-	<u>Attendance at delivery (when requested by the delivering physician or other qualified health care professional) and initial stabilization of newborn</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>99465</u>	-	-	<u>\$152.06</u>	-	-	<u>Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output</u>
<u>99466</u>	-	-	<u>\$166.39</u>	-	-	<u>Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; first 30-74 minutes of hands-on care during transport</u>
<u>99467</u>	-	-	<u>\$84.81</u>	-	-	<u>Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; each additional 30 minutes (List separately in addition to code for primary service)</u>
<u>99468</u>	-	-	<u>\$687.80</u>	-	-	<u>Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger</u>
<u>99469</u>	-	-	<u>\$289.43</u>	-	-	<u>Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>99471</u>	-	-	<u>\$634.42</u>	-	-	<u>Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age</u>
<u>99472</u>	-	-	<u>\$297.16</u>	-	-	<u>Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age</u>
<u>99475</u>	-	-	<u>\$418.20</u>	-	-	<u>Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age</u>
<u>99476</u>	-	-	<u>\$251.53</u>	-	-	<u>Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age</u>
<u>99477</u>	-	-	<u>\$260.84</u>	-	-	<u>Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>99478</u>	-	-	<u>\$99.32</u>	-	-	<u>Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)</u>
<u>99479</u>	-	-	<u>\$90.64</u>	-	-	<u>Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)</u>
<u>99480</u>	-	-	<u>\$86.80</u>	-	-	<u>Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)</u>
<u>99485</u>	-	-	<u>\$55.81</u>	-	-	<u>Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; first 30 minutes</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>99486</u>	-	-	<u>\$48.57</u>	-	-	<u>Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)</u>
<u>99487</u>	-	-	<u>I.C.</u>	-	-	<u>Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>professional, per calendar month</u>
<u>99489</u>	-	-	<u>I.C.</u>	-	-	<u>Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u> <u>procedure)</u>
<u>99490</u>	<u>\$29.99</u>	<u>\$22.70</u>	-	-	-	<u>Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>99495</u>	<u>\$122.85</u>	<u>\$80.47</u>	-	-	-	<u>Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge</u>
<u>99496</u>	<u>\$172.83</u>	<u>\$116.42</u>	-	-	-	<u>Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge</u>
<u>99497</u>	<u>\$62.42</u>	<u>\$57.37</u>	-	-	-	<u>Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate</u>
<u>99498</u>	<u>\$53.96</u>	<u>\$53.68</u>	-	-	-	<u>Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)</u>
<u>99499</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted evaluation and management service</u>
<u>99500</u>	-	-	<u>I.C.</u>	-	-	<u>Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring</u>
<u>99501</u>	-	-	<u>I.C.</u>	-	-	<u>Home visit for postnatal assessment and follow-up care</u>
<u>99502</u>	-	-	<u>I.C.</u>	-	-	<u>Home visit for newborn care and assessment</u>
<u>99503</u>	-	-	<u>I.C.</u>	-	-	<u>Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy,</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>respiratory assessment, apnea evaluation)</u>
<u>99504</u>	-	-	<u>I.C.</u>	-	-	<u>Home visit for mechanical ventilation care</u>
<u>99505</u>	-	-	<u>I.C.</u>	-	-	<u>Home visit for stoma care and maintenance including colostomy and cystostomy</u>
<u>99506</u>	-	-	<u>I.C.</u>	-	-	<u>Home visit for intramuscular injections</u>
<u>99507</u>	-	-	<u>I.C.</u>	-	-	<u>Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)</u>
<u>99509</u>	-	-	<u>I.C.</u>	-	-	<u>Home visit for assistance with activities of daily living and personal care</u>
<u>99510</u>	-	-	<u>I.C.</u>	-	-	<u>Home visit for individual, family, or marriage counseling</u>
<u>99511</u>	-	-	<u>I.C.</u>	-	-	<u>Home visit for fecal impaction management and enema administration</u>
<u>99512</u>	-	-	<u>I.C.</u>	-	-	<u>Home visit for hemodialysis</u>
<u>99600</u>	-	-	<u>I.C.</u>	-	-	<u>Unlisted home visit service or procedure</u>
<u>99601</u>	-	-	<u>I.C.</u>	-	-	<u>Home infusion/specialty drug administration, per visit (up to 2 hours);</u>
<u>99602</u>	-	-	<u>I.C.</u>	-	-	<u>Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>99605</u>	-	-	<u>I.C.</u>	-	-	<u>Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient</u>
<u>99606</u>	-	-	<u>I.C.</u>	-	-	<u>Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient</u>
<u>99607</u>	-	-	<u>I.C.</u>	-	-	<u>Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service)</u>
<u>S3005-U1</u>	-	-	<u>\$9.73</u>	-	-	<u>Performance Measurement, Evaluation of Patient Self-Assessment, Depression Positive Screen: Perinatal care provider completed prenatal or postpartum depression screening and behavioral health need identified.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>S3005-U2</u>	-	-	<u>\$9.73</u>	-	-	<u>Performance Measurement, Evaluation of Patient Self-Assessment, Depression</u> Negative Screen: Perinatal care provider completed prenatal or postpartum depression screening with no behavioral health need identified.
<u>S3005-U3</u>	-	-	<u>\$9.73</u>	-	-	<u>Performance Measurement, Evaluation of Patient Self-Assessment, Depression</u> Positive Screen: Pediatric provider completed postpartum depression screening during well-child or infant episodic visit and behavioral health need identified.
<u>S3005-U4</u>	-	-	<u>\$9.73</u>	-	-	<u>Performance Measurement, Evaluation of Patient Self-Assessment, Depression</u> Negative Screen: Pediatric provider completed postpartum depression screening during well-child or infant episodic visit with no behavioral health need identified.
<u>G0108</u>	-	-	<u>\$38.98</u>	-	-	<u>Diabetes outpatient self-management training services, individual, per 30 minutes</u>
<u>G0109</u>	-	-	<u>\$10.49</u>	-	-	<u>Diabetes outpatient self-management training services, group session</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						(2 or more), per 30 minutes
<u>G0270</u>	<u>\$22.50</u>	<u>\$20.53</u>	-	-	-	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes
<u>G0271</u>	<u>\$11.89</u>	<u>\$11.33</u>	-	-	-	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes
<u>G0455</u>			<u>I.C.</u>			Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen
<u>J0364</u>			<u>I.C.</u>			Injection, apomorphine hydrochloride, 1 mg.
<u>J0571</u>			<u>I.C.</u>			Buprenorphine, oral, 1 mg
<u>J0572</u>			<u>I.C.</u>			Buprenorphine/naloxone

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>, oral, less than or equal to 3 mg</u>
<u>J0573</u>			<u>I.C.</u>			<u>Buprenorphine/naloxone</u> <u>, oral, greater than 3 mg,</u> <u>but less than or equal to</u> <u>6 mg</u>
<u>J0574</u>			<u>I.C.</u>			<u>Buprenorphine/naloxone</u> <u>, oral, greater than 6 mg,</u> <u>but less than or equal to</u> <u>10 mg</u>
<u>J0575</u>			<u>I.C.</u>			<u>Buprenorphine/naloxone</u> <u>, oral, greater than 10</u> <u>mg buprenorphine</u>
<u>J0596</u>			<u>I.C.</u>			<u>Injection, C1 esterase</u> <u>inhibitor (recombinant),</u> <u>Ruconest, 10 units</u>
<u>J0715</u>			<u>I.C.</u>			<u>Injection, ceftizoxime</u> <u>sodium, per 500 mg</u>
<u>J0716</u>			<u>I.C.</u>			<u>Injection, Centruioides</u> <u>immune f(ab)2, up to</u> <u>120 mg</u>
<u>J0833</u>			<u>I.C.</u>			<u>Injection, cosyntropin,</u> <u>not otherwise specified,</u> <u>0.25 mg.</u>
<u>J0890</u>			<u>I.C.</u>			<u>Injection, peginesatide,</u> <u>0.1 mg (for ESRD on</u> <u>dialysis)</u>
<u>J1094</u>			<u>I.C.</u>			<u>Injection,</u> <u>dexamethasone acetate,</u> <u>1 mg</u>
<u>J1290</u>			<u>I.C.</u>			<u>Injection, ecallantide, 1</u> <u>mg</u>
<u>J1290</u>			<u>I.C.</u>			<u>Injection, ecallantide, 1</u> <u>mg</u>
<u>J1320</u>			<u>I.C.</u>			<u>Injection, amitriptyline</u> <u>HCl, up to 20 mg</u>
<u>J1322</u>			<u>I.C.</u>			<u>Injection, elosulfase alfa,</u> <u>1mg</u>
<u>J1324</u>			<u>I.C.</u>			<u>Injection, enfuvirtide, 1</u> <u>mg.</u>
<u>J1455</u>			<u>I.C.</u>			<u>Injection, foscarnet</u> <u>sodium, per 1000 mg.</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>J1562</u>			<u>I.C.</u>			<u>Injection, immune globulin, (Vivaglobin), 100 mg (</u>
<u>J1573</u>			<u>I.C.</u>			<u>Injection, hepatitis b immune globulin (hepagam b), intravenous, 0.5 ml.</u>
<u>J1595</u>			<u>I.C.</u>			<u>Injection, glatiramer acetate, 20 mg</u>
<u>J1599</u>			<u>I.C.</u>			<u>Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg ...</u>
<u>J1655</u>			<u>I.C.</u>			<u>Injection, tinzaparin sodium, 1000 IU</u>
<u>J1700</u>			<u>I.C.</u>			<u>Injection, hydrocortisone acetate, up to 25 mg</u>
<u>J1710</u>			<u>I.C.</u>			<u>Injection, hydrocortisone sodium phosphate, up to 50 mg</u>
<u>J1725</u>			<u>I.C.</u>			<u>Injection, hydroxyprogesterone caproate, 1 mg</u>
<u>J1741</u>			<u>I.C.</u>			<u>Injection, ibuprofen, 100 mg.</u>
<u>J1744</u>			<u>I.C.</u>			<u>Injection, icatibant, 1 mg</u>
<u>J1790</u>			<u>I.C.</u>			<u>Injection, droperidol, up to 5 mg</u>
<u>J1826</u>			<u>I.C.</u>			<u>Injection, interferon beta-1a, 30 mcg</u>
<u>J1830</u>			<u>I.C.</u>			<u>Injection interferon beta-1b, 0.25 mg</u>
<u>J1840</u>			<u>I.C.</u>			<u>Injection, kanamycin sulfate, up to 500 mg.</u>
<u>J1850</u>			<u>I.C.</u>			<u>Injection, kanamycin sulfate, up to 75 mg.</u>
<u>J1890</u>			<u>I.C.</u>			<u>Injection, cephalothin sodium, up to 1 g</u>
<u>J1990</u>			<u>I.C.</u>			<u>Injection, chlordiazepoxide HCl,</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>up to 100 mg</u>
<u>J2170</u>			<u>I.C.</u>			<u>Injection, mecasermin, 1 mg.</u>
<u>J2212</u>			<u>I.C.</u>			<u>Injection, methylaltrexone, 0.1 mg</u>
<u>J2265</u>			<u>I.C.</u>			<u>Injection, minocycline HCl, 1 mg</u>
<u>J2440</u>			<u>I.C.</u>			<u>Injection, papaverine HCl, up to 60 mg</u>
<u>J2460</u>			<u>I.C.</u>			<u>Injection, oxytetracycline hcl, up to 50 mg</u>
<u>J2502</u>			<u>I.C.</u>			<u>Injection, pasireotide long acting, 1 mg</u>
<u>J2760</u>			<u>I.C.</u>			<u>Injection, phentolamine mesylate, up to 5 mg</u>
<u>J2793</u>			<u>I.C.</u>			<u>Injection, rilonacept, 1 mg</u>
<u>J2910</u>			<u>I.C.</u>			<u>Injection, aurothioglucose, up to 50 mg</u>
<u>J2940</u>			<u>I.C.</u>			<u>Injection, somatrem, 1 mg</u>
<u>J2941</u>			<u>I.C.</u>			<u>Injection, somatropin, 1 mg</u>
<u>J3030</u>			<u>I.C.</u>			<u>Injection, sumatriptan succinate, 6 mg</u>
<u>J3110</u>			<u>I.C.</u>			<u>Injection, teriparatide, 10 mcg</u>
<u>J3145</u>			<u>I.C.</u>			<u>Injection, testosterone undecanoate, 1 mg (</u>
<u>J3302</u>			<u>I.C.</u>			<u>Injection, triamcinolone diacetate, per 5 mg</u>
<u>J3472</u>			<u>I.C.</u>			<u>Injection, hyaluronidase, ovine, preservative free, per 1000 usp units</u>
<u>J3490</u>			<u>I.C.</u>			<u>Unclassified drugs</u>
<u>J3490-FP</u>			<u>I.C.</u>			<u>Unclassified drugs (service provided as part of Medicaid family planning program) (Use</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>for medications and injectables related to family planning services, with the exception of Rho (D) human immune globulin, and contraceptive injectables such as Depo-Provera, items for which MassHealth will pay the provider's costs.)</u>
<u>J3590</u>			<u>I.C.</u>			<u>Unclassified biologics</u>
<u>J7131</u>			<u>I.C.</u>			<u>Hypertonic saline solution, 1 ml</u>
<u>J7178</u>			<u>I.C.</u>			<u>Injection, human fibrinogen concentrate, 1 mg</u>
<u>J7181</u>			<u>I.C.</u>			<u>Injection, factor XIII A-subunit, (recombinant), per IU</u>
<u>J7297</u>			<u>I.C.</u>			<u>Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 year duration</u>
<u>J7298</u>			<u>I.C.</u>			<u>Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration</u>
<u>J7301</u>			<u>I.C.</u>			<u>Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg</u>
<u>J7303</u>			<u>I.C.</u>			<u>Contraceptive supply, hormone containing vaginal ring, each</u>
<u>J7304</u>			<u>I.C.</u>			<u>Contraceptive supply, hormone containing patch, each</u>
<u>J7307</u>			<u>I.C.</u>			<u>Etonogestrel (contraceptive) implant system, including implant and supplies</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>J7309</u>			<u>I.C.</u>			<u>Methyl aminolevulinate (MAL) for topical administration, 16.8%, 1 g</u>
<u>J7310</u>			<u>I.C.</u>			<u>Ganciclovir, 4.5 mg, long-acting implant.</u>
<u>J7315</u>			<u>I.C.</u>			<u>Mitomycin, ophthalmic, 0.2 mg.</u>
<u>J7328</u>			<u>I.C.</u>			<u>Hyaluronan or derivative, for intra-articular injection, 0.1 mg</u>
<u>J7340</u>			<u>I.C.</u>			<u>Carbidopa 5 mg/levodopa 20 mg enteral suspension</u>
<u>J7503</u>			<u>I.C.</u>			<u>Tacrolimus, extended release, oral, 0.25 mg</u>
<u>J7599</u>			<u>I.C.</u>			<u>Immunosuppressive drug, not otherwise specified</u>
<u>J7633</u>			<u>I.C.</u>			<u>Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per 0.25 mg</u>
<u>J7665</u>			<u>I.C.</u>			<u>Mannitol, administered through an inhaler, 5 mg</u>
<u>J7669</u>			<u>I.C.</u>			<u>Metaproterenol sulfate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 10 mg</u>
<u>J7676</u>			<u>I.C.</u>			<u>Pentamidine isethionate, inhalation solution, compounded product, administered through DME, unit dose form,</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
						<u>per 300 mg</u>
<u>J7699</u>			<u>I.C.</u>			<u>NOC drugs, inhalation solution administered through DME</u>
<u>J7799</u>			<u>I.C.</u>			<u>NOC drugs, other than inhalation drugs, administered through DME</u>
<u>J7999</u>			<u>I.C.</u>			<u>Compounded drug, not otherwise classified</u>
<u>J8562</u>			<u>I.C.</u>			<u>Fludarabine phosphate, oral, 10 mg</u>
<u>J8655</u>			<u>I.C.</u>			<u>Netupitant 300 mg and palonosetron 0.5 mg</u>
<u>J9015</u>			<u>I.C.</u>			<u>Injection, aldesleukin, per single use vial</u>
<u>J9020</u>			<u>I.C.</u>			<u>Injection, asparaginase, not otherwise specified, 10,000 units</u>
<u>J9160</u>			<u>I.C.</u>			<u>Injection, denileukin diftitox, 300 micrograms</u>
<u>J9200</u>			<u>I.C.</u>			<u>Injection, floxuridine, 500 mg</u>
<u>J9212</u>			<u>I.C.</u>			<u>Injection, interferon alfacon-1, recombinant, 1 mcg</u>
<u>J9213</u>			<u>I.C.</u>			<u>Injection, interferon, alfa-2a, recombinant, 3 million units</u>
<u>J9215</u>			<u>I.C.</u>			<u>Injection, interferon alfa-N3 (human leukocyte derived), 250,000 IU</u>
<u>J9216</u>			<u>I.C.</u>			<u>Injection, interferon gamma1-b, 3 million units</u>
<u>J9219</u>			<u>I.C.</u>			<u>Leuprolide acetate implant, 65 mg</u>
<u>J9262</u>			<u>I.C.</u>			<u>Injection, omacetaxine mepesuccinate, 0.01 mg</u>
<u>J9300</u>			<u>I.C.</u>			<u>Injection, gemtuzumab ozogamicin, 5 mg</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>J9340</u>			<u>I.C.</u>			<u>Injection, thiotepa, 15 mg</u>
<u>J9999</u>			<u>I.C.</u>			<u>Not otherwise classified, antineoplastic drugs</u>
<u>Q2009</u>			<u>I.C.</u>			<u>Injection, fosphenytoin, 50 mg phenytoin equivalent.</u>
<u>Q2017</u>			<u>I.C.</u>			<u>Injection, teniposide, 50 mg</u>
<u>Q2036</u>			<u>I.C.</u>			<u>Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (flulaval)</u>
<u>Q2049</u>			<u>I.C.</u>			<u>Injection, doxorubicin hydrochloride, liposomal, imported lipodox, 10mg</u>
<u>Q4103</u>			<u>I.C.</u>			<u>Oasis burn matrix, per sq cm</u>
<u>Q4132</u>			<u>I.C.</u>			<u>Grafix Core, per sq cm</u>
<u>Q4133</u>			<u>I.C.</u>			<u>Grafix Prime, per sq cm</u>
<u>Q4161</u>			<u>I.C.</u>			<u>Bio-ConneKt wound matrix, per sq cm</u>
<u>Q4162</u>			<u>I.C.</u>			<u>AmnioPro Flow, BioSkin Flow, BioRenew Flow, WoundEx Flow, Amniogen-A, Amniogen-C, 0.5 cc</u>
<u>Q4163</u>			<u>I.C.</u>			<u>AmnioPro, BioSkin, BioRenew, WoundEx, Amniogen-45, Amniogen-200, per sq cm</u>
<u>Q4164</u>			<u>I.C.</u>			<u>Helicoll, per sq cm</u>
<u>Q4165</u>			<u>I.C.</u>			<u>Keramatrix, per sq cm</u>
<u>Q9980</u>			<u>I.C.</u>			<u>Hyaluronan or derivative, for intra-articular injection, 1 mg</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>Q4161</u>	-	-	<u>I.C.</u>	-	-	<u>Bio-ConneKt wound matrix, per sq cm</u>
<u>Q4162</u>	-	-	<u>I.C.</u>	-	-	<u>AmnioPro Flow, BioSkin Flow, BioRenew Flow, WoundEx Flow, Amniogen-A, Amniogen-C, 0.5 cc</u>
<u>Q4163</u>	-	-	<u>I.C.</u>	-	-	<u>AmnioPro, BioSkin, BioRenew, WoundEx, Amniogen-45, Amniogen-200, per sq cm</u>
<u>Q4164</u>	-	-	<u>I.C.</u>	-	-	<u>Helicoll, per sq cm</u>
<u>Q4165</u>	-	-	<u>I.C.</u>	-	-	<u>Keramatrix, per sq cm</u>
<u>Q5101</u>	-	-	<u>\$0.97</u>	-	-	<u>Injection, filgrastim (G-CSF), biosimilar, 1 microgram</u>
<u>Q9950</u>	-	-	<u>\$33.06</u>	-	-	<u>Injection, sulfur hexafluoride lipid microspheres, per ml</u>
<u>Q9980</u>	-	-	<u>I.C.</u>	-	-	<u>Hyaluronan or derivative, for intra-articular injection, 1 mg</u>
<u>S0020</u>			<u>I.C.</u>			<u>Injection, bupivacaine HCl, 30 ml</u>
<u>S0021</u>			<u>I.C.</u>			<u>Injection, cefoperazone sodium, 1 g</u>
<u>S0023</u>			<u>I.C.</u>			<u>Injection, cimetidine HCl, 300 mg</u>
<u>S0077</u>			<u>I.C.</u>			<u>Injection, clindamycin phosphate, 300 mg</u>
<u>S0190</u>			<u>I.C.</u>			<u>Mifepristone, oral, 200 mg</u>
<u>S0191</u>			<u>I.C.</u>			<u>Misoprostol, oral, 200 mcg</u>
<u>S0302</u>	-	-	<u>I.C.</u>	-	-	<u>Completed early periodic screening diagnosis and treatment (EPSDT) service (list in addition to code for</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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						<u>appropriate evaluation and management service)</u>
<u>T1023</u>	-	-	<u>I.C.</u>	-	-	<u>Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter</u>

Tobacco Cessation Codes

<u>Code</u>	<u>NFAC</u>	<u>FAC</u>	<u>Global</u>	<u>PC</u>	<u>TC</u>	<u>Description</u>
<u>99407</u>	<u>\$55.05</u>	<u>\$51.22</u>	-	-	-	<u>Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are physician, physician assistant, certified nurse practitioner, clinical nurse specialist, psychiatric clinical nurse specialist and certified nurse midwife.)</u>
<u>99407 SA</u>	<u>\$55.05</u>	<u>\$51.22</u>	-	-	-	<u>Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible provider is a certified nurse practitioner employed by an eligible billing entity</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99407 TD</u>	<u>\$46.79</u>	<u>\$43.54</u>	-	-	-	<u>Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are registered nurses employed by an eligible billing entity.)</u>
<u>99407 U1</u>	<u>\$46.79</u>	<u>\$43.54</u>	-	-	-	<u>Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are tobacco cessation counselors employed by an eligible billing entity.)</u>
<u>99407 TF</u>	<u>\$82.58</u>	<u>\$76.83</u>	-	-	-	<u>Smoking and tobacco use cessation counseling visit; intensive (intake assessment for an individual, at least 45 minutes). (Eligible providers are physician, physician assistant, certified nurse practitioner, clinical nurse specialist, psychiatric clinical nurse specialist and certified nurse midwife.)</u>
<u>99407 U2</u>	<u>\$70.19</u>	<u>\$65.31</u>	-	-	-	<u>Smoking and tobacco use cessation counseling visit; intensive (intake assessment for an individual, at least 45 minutes). (Eligible providers are registered nurse, and tobacco cessation counselor employed by an eligible billing entity.)</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

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<u>99407 HQ</u>	<u>\$35.09</u>	<u>\$32.65</u>	-	-	-	<u>Smoking and tobacco use cessation counseling visit; intensive (for an individual in a group setting, 60-90 minutes). (Eligible providers are physician, physician assistant, certified nurse practitioner, clinical nurse specialist, psychiatric clinical nurse specialist and certified nurse midwife.)</u>
<u>99407 U3</u>	<u>\$29.83</u>	<u>\$27.75</u>	-	-	-	<u>Smoking and tobacco use cessation counseling visit; intensive (for an individual in a group setting, 60-90 minutes). (Eligible providers are registered nurse and tobacco cessation counselor employed by an eligible billing entity.)</u>

Behavioral Health Screening Services

<u>Code</u>	<u>Rate</u>	<u>Description</u>
<u>96110 U1</u>	<u>\$9.73</u>	<u>Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Physician, Certified Nurse Midwife, Certified Nurse Practitioner, Physician Assistant, Community Health Center (CHC), Outpatient Hospital Department (OPD), completed behavioral health screening with no behavioral health need identified.)</u>
<u>96110 U2</u>	<u>\$9.73</u>	<u>Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Physician, Certified Nurse Midwife, Certified Nurse Practitioner, Physician Assistant, Community Health Center (CHC), Outpatient Hospital Department (OPD), completed behavioral health screening and behavioral health need identified.)</u>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 317.00: MEDICINE

<u>Code</u>	<u>Rate</u>	<u>Description</u>
<u>96110 U3</u>	<u>\$9.73</u>	<u>Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Certified Nurse Midwife, employed by a CHC, completed behavioral health screening with no behavioral health need identified.)</u>
<u>96110 U4</u>	<u>\$9.73</u>	<u>Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Certified Nurse Midwife, employed by a CHC, completed behavioral health screening and behavioral health need identified.)</u>
<u>96110 U5</u>	<u>\$9.73</u>	<u>Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Certified Nurse Practitioners employed by Physician or CHC, completed behavioral health screening with no behavioral health need identified.)</u>
<u>96110 U6</u>	<u>\$9.73</u>	<u>Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Certified Nurse Practitioners employed by Physician or CHC, completed behavioral health screening and behavioral health need identified.)</u>
<u>96110 U7</u>	<u>\$9.73</u>	<u>Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Physician Assistants employed by a CHC, completed behavioral health screening with no behavioral health need identified.)</u>
<u>96110 U8</u>	<u>\$9.73</u>	<u>Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Eligible providers are Physician Assistants employed by a CHC, completed behavioral health screening and behavioral health need identified.)</u>

317.05: Severability

The provisions of 101 CMR 317.00 are severable and if any such provision or the application of such provisions to any person or circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

101 CMR 317.00: M.G.L. c. 118E.